

HOUSE OF REPRESENTATIVES—Friday, October 13, 1995

The House met at 10 a.m. and was called to order by the Speaker pro tempore [Mr. LAHOOD].

DESIGNATION OF THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
October 13, 1995.

I hereby designate the Honorable RAY LAHOOD to act as Speaker pro tempore on this day.

NEWT GINGRICH,
Speaker of the House of Representatives.

PRAYER

The Chaplain, Rev. James David Ford, D.D., offered the following prayer:

As we go on with our lives and seek to be the people You would have us be, we pray, almighty God, that we would heed the words of the scriptures and do justice, love mercy, and ever walk humbly with You. May that primary perspective of mercy and justice be our conviction as we seek to live our lives in service to others. In Your name, we pray. Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER. Will the gentleman from Ohio [Mr. OXLEY] come forward and lead the House in the Pledge of Allegiance.

Mr. OXLEY led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

MESSAGE FROM THE SENATE

A message from the Senate by Mr. Lundregan, one of its clerks, announced that the Senate agrees to the report of the committee of conference on the disagreeing votes of the two Houses on the amendments of the Senate to the bill (H.R. 1976) "An Act making appropriations for Agriculture,

Rural Development, Food and Drug Administration, and Related Agencies programs for the fiscal year ending September 30, 1996, and for other purposes."

The message also announced that Mr. BENNETT be a conferee, on the part of the Senate, on the bill (H.R. 1868) "An Act making appropriations for foreign operations, export financing, and related programs for the fiscal year ending September 30, 1996, and for other purposes," vice Mr. GRAMM.

The message also announced that Mr. SHELBY be a conferee, on the part of the Senate, on the bill (H.R. 2002) "An Act making appropriations for the Department of Transportation and related agencies for the fiscal year ending September 30, 1996, and for other purposes," vice Mr. GRAMM.

The message also announced that Mr. CAMPBELL be a conferee, on the part of the Senate, on the bill (H.R. 2020) "An Act making appropriations for the Treasury Department, the United States Postal Service, the Executive Office of the President, and certain Independent Agencies, for the fiscal year ending September 30, 1996, and for other purposes," vice Mr. GREGG.

The message also announced that Mr. CAMPBELL be a conferee, on the part of the Senate, on the bill (H.R. 2099) "An Act making appropriations for the Departments of Veterans Affairs and Housing and Urban Development, and for sundry independent agencies, boards, commissions, corporations, and offices, for the fiscal year ending September 30, 1996, and for other purposes," vice Mr. GRAMM.

The message also announced that pursuant to Public Law 95-521, the Chair, on behalf of the President pro tempore, appoints Thomas B. Griffith as Senate Legal Counsel, effective as of October 24, 1995, for a term of service to expire at the end of the 105th Congress.

The message also announced that pursuant to Public Law 95-521, the Chair, on behalf of the President pro tempore, appoints Morgan J. Frankel as Deputy Senate Legal Counsel, effective as of October 24, 1995, for a term of service to expire at the end of the 105th Congress.

OHIO LEADING THE WAY IN THE GLOBAL MARKETPLACE

(Mr. OXLEY asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. OXLEY. Mr. Speaker, I rise to commend Ohio manufacturers for their

continued success in exporting products abroad.

Early this year I took to the floor to note a World Trade magazine report that ranked Ohio No. 1 in the country in the number of businesses that export goods. Now comes a study from the Massachusetts Institute for Social and Economic Research showing that in the first half of 1995 Ohio exports increased 18 percent to \$12.1 billion through June.

This dynamic performance was broad based, with sectors as diverse as electronics, agriculture, and industrial equipment logging impressive gains. Indeed, auto supplier Buckeye Rubber Products of Lima, OH, was among those cited for posting healthy increases.

Mr. Speaker, as a long-time free trader I'm proud to see Ohio leading the way in the global marketplace. It's further proof that protrade policies are benefiting Ohio companies and Ohio workers.

MEDICARE CUTS

(Mr. RUSH asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. RUSH. Mr. Speaker, I consider H.R. 2425 to be the latest and most blatant act of legislative terrorism aimed straight at our Nation's older Americans. Older Americans are being held captive by the Republican Medicare proposal.

Mr. Speaker, when I say captive, I really mean captive. That was proven beyond a shadow of a doubt Wednesday morning when the chairman of the Commerce Committee had 13 senior citizens handcuffed and taken off to jail simply for trying to voice their concern about the Republican draconian cuts.

Mr. Speaker, I will never forget the words of a 90-year-old senior citizen who, while being placed in a police paddy wagon, looked at me and said, "If I had to do it all over again, I would."

I ask my Republican colleagues, when will they cease waging generational guerrilla warfare against the elderly and the disabled in this Nation?

I yield back the balance of my time.

INCREASING MEDICARE, BUT AT A SLOWER RATE

(Mr. WELDON of Florida asked and was given permission to address the

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

House for 1 minute and to revise and extend his remarks.)

Mr. WELDON of Florida. Mr. Speaker, President Clinton's Medicare trustees told us Medicare will be bankrupt by the year 2002. As a physician, I am one of a few Members of Congress who has treated Medicare patients. I understand how important this program is for the seniors and the future generations.

Under the Republican plan, Medicare spending increases from \$4,800 to \$6,700. This is per senior. This is an increase of \$1,900 and exceeds the projected inflation rate. For those in the other party and in the media who keep calling this a cut, I should put it another way. If you had a basket with 48 apples in it, how do you get to 67? Do you add apples to the basket or do you take apples out?

Republicans agree that you add 19 apples to the basket in order to reach 67. Mathematics agrees with us. We are increasing Medicare, but at a less than 10-percent rate increase. This is responsible and reasonable, and we will preserve and protect the Medicare plan. I urge all of my colleagues to support the Republican proposal.

MEDICAID CUTS WILL HURT RURAL AMERICA

(Mrs. CLAYTON asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. CLAYTON. Mr. Speaker, the Medicare cuts will hurt, but, for rural America, the Medicaid cuts will inflict unbearable pain. The majority proposes to cut Medicaid by \$182 billion. What do these cuts mean?

They mean that my State will lose \$6.76 billion in Medicaid funding over the next 5 years—882,000 Medicaid recipients will be affected in North Carolina and that number is growing.

Almost 8 out of 10 of the 31,600 North Carolina nursing home residents are covered by Medicaid—who will take care of them at an average cost of \$38,000 per year? Thirty-one thousand, three hundred seniors and other disabled people in North Carolina receive home care through Medicaid—who will pay for that?

Nineteen percent, close to half a million of North Carolina's children, rely on Medicaid for their health care needs—these children are the poorest of the poor—who will help them? What will happen to families and spouses when incapacitated seniors go broke?

This plan takes us back to the days when the whole family will be left with nothing when faced with unexpected, costly illness. Hurting our seniors, our indigent, and our disabled is not the way to balance the budget—in the end—it only hurts us all.

Our seniors should grow old with grace, dignity, and security. Next

week, let's reject this hastily done, insensitive, unthoughtful majority plan to take from the poor and give to the rich.

THE TOP 10

(Mr. HAYWORTH asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. HAYWORTH. Mr. Speaker, from the home office in Scottsdale, AZ, here are the top 10 reasons why liberals refuse to help in the effort to save Medicare from bankruptcy.

No. 10, they are not in charge anymore.

No. 9, they are just mad because they will not be getting a pay raise this session.

No. 8, fearmongering. What a blast.

No. 7, they might throw a collective tantrum and explode.

No. 6, they are just stalling until they can get into the witness protection program.

No. 5, responsibility? Why act responsible?

No. 4, that Trojan horse thing. What a breakthrough in modern political communications.

No. 3, forget that going from \$4,800 per year to \$6,700 per year is really an increase. Forget that. We have some really neat color pictures to show you.

No. 2, with all their scary disguises they did not know Halloween was at the end of the month.

And the No. 1 reason why liberals refuse to help us in our efforts to save Medicare from bankruptcy, well, that would actually mean caring about seniors instead of the next election.

MEN, WOMEN, AND CHILDREN SHOULD MARCH TOGETHER

(Mrs. SCHROEDER asked and was given permission to address the House for 1 minute and to revise and extend her remarks and include extraneous material.)

Mrs. SCHROEDER. Mr. Speaker, we are told that a million men will be marching on Monday in this city, and we are told that the march is to strengthen and rebuild families, but where are the families? They are to be at home. This is to be a sex-related march with no women. It is to be an age-related march with no children.

I think, Mr. Speaker, men professing to celebrate family in a family free zone makes no sense. If women went off to spas saying they were rebuilding themselves to celebrate family, they would be attacked. The way we need to celebrate and build America's families is shoulder to shoulder and marching together.

I certainly hope the organizers rethink and make this an inclusive march of men, women, and children, marching together to rebuild the fam-

ily structure of America that is so desperately in need of rebuilding.

THE SEVENTH ANNUAL CONGRESSIONAL BASKETBALL CLASSIC

(Mr. BONIOR asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BONIOR. Mr. Speaker, so far this year the Democrats and the Republicans have squared off on the House floor, we have squared off in the committees, we have squared off on the baseball diamond, but next Tuesday we will meet each other on the basketball court and finally we will have the answer to whether or not STEVE LARGENT can actually dunk.

Mr. Speaker, next Tuesday is the seventh annual congressional basketball classic. Every 2 years we play this game in support of Gallaudet University, the only university in the world specifically devoted to students who are deaf and have a hearing impairment.

This year's game is being sponsored by the NBA, the Washington Bullets, Abe Pollin and Wes Unseld, the Denver Nuggets, with Walter Davis and COMSAT and many other businesses. The game is going to be played at the Gallaudet fieldhouse which is close to the Capitol, next Tuesday, 7:30. Tickets are available, so if you want to have fun, support a good cause, see some good action, come to the fieldhouse and see this ball game, where we take on the gentleman from Ohio [Mr. OXLEY] and his mighty group of dunkers over there on the Republican side of the aisle.

CONCERNS ABOUT MEDICARE LOBBYING

(Ms. DELAURO asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. DELAURO. Mr. Speaker, two groups came to Washington this week with concerns about the GOP Medicare cuts. One group got a private meeting with Speaker GINGRICH. The other group got arrested.

When the American Medical Association sent its high priced lobbyists up to Capitol Hill, they got a closed-door meeting with Speaker GINGRICH and a billion dollar deal. But, the National Council of Senior Citizens didn't get the same reception. Its members got no meeting with the Speaker and no special deals. Instead, they got arrested.

That's right. Fifteen senior citizens were arrested, handcuffed, and led away in a paddy wagon. What was their crime? Asking questions about the Republican Medicare cuts. Here's a photo of 67-year-old Roberta Saxton being handcuffed for asking a question about her health care plan. Welcome to the Gingrich revolution.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of May 12, 1995, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

THE ISTOOK PROPOSAL

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Colorado [Mr. SKAGGS] is recognized for 5 minutes.

Mr. SKAGGS. Mr. Speaker, I want to talk this morning about one of the many, many provisions, hidden, dirty little secrets to use the phrase of the gentleman from Indiana [Mr. MCINTOSH], the gentleman from Oklahoma [Mr. ISTOOK], and the gentleman from Maryland [Mr. EHRLICH], who are proposing this legislation, buried in their proposal designed to shut down a large part of a cherished American tradition of open and free political speech and political debate. That part of their proposal has to do with compliance and enforcement.

Mr. Speaker, one of the revered principles of American law is the presumption of innocence. One of the bizarre aspects of my colleagues' proposal is that it would create a presumption of guilt. How would it do that? I will tell my colleagues how. In order to be able to be in compliance with these draconian provisions restricting the ability of Americans and American organizations to engage in the political life of this country, everyone covered by this proposal would be put to the burden of proving compliance, that is, proving their innocence.

Most times when we might be accused or challenged for an alleged violation of law, civil or criminal, it is the burden on those making that allegation, bringing the charges, to prove a violation, but not here. Here the tables are turned and anyone that is challenged on their compliance with the Istook proposal would have to prove compliance, prove their innocence.

Mr. Speaker, that is bad enough, but I want to tell Members something more, another dirty little secret hidden in this proposal. That is not only would each of us have to prove our innocence, our compliance, that we are not speaking too much in this country, that we are not too fully engaged in the political life of America, but we would have to sustain a burden of proving that by what the lawyers call clear and convincing evidence.

Most times in civil cases, if you have the burden of proof, all that you have to do is show that your side is right by what is called a preponderance of evidence. You might think of that as 51 percent. But not here. Here you would have to demonstrate your compliance by clear and convincing evidence and, again to give it a kind of quantitative feel, most lawyers would say that is 70, 75, 80 percent.

So that is the kind of really bizarre provision buried in this proposal. Again, that would be bad enough if we were dealing with some normal kinds of enforcement issue, have we violated an environmental law or done something else that has to do with the normal course of business in this country. But this is a regulation designed, intended, constructed to curtail political expression.

I know, Mr. Speaker, you are saying this cannot be true. How can anyone in a freedom loving country like ours write a law intended to constrain, to regulate political expression? But that is what this does.

It would limit what we can do to a percentage of our income, almost all Americans are likely to be covered because of the way this thing is written, and, again, we would be put to the task of proving that we have not overdone it, that we have not been hyperactive politically, and if we cannot prove our compliance, not just by 51 percent but by this clear and convincing evidence standard, what happens? Well, we could be subject to treble damages, to have to pay three times the value of what we might have gotten in value from the Federal Government in any number of different ways of having exceeded our political expression limits for the year.

Mr. Speaker, can my colleagues imagine anything more unfair, more un-American that this kind of intrusion on the hallowed, hallowed principles of freedom of expression, freedom of association guaranteed to each of us by the Constitution of the United States?

GET ON WITH AMERICA'S PRIORITIES

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Colorado [Mrs. SCHROEDER] is recognized for 5 minutes.

Mrs. SCHROEDER. Mr. Speaker, I must say that it has been a very rough week for those of us who believe that this is the people's House, and, indeed, the people should be able to come here and ask questions. We found we have not even been allowed to ask questions or even see the Medicare reform. We are told trust us, you are in the hands of your mother. Oh, really? Well, mother is turning into a terror, it seems, as we see what some of these changes are.

This was a very hard week for me, Mr. Speaker, as I watched these people being handcuffed just for coming to ask questions. I have never seen that happen before. This person does not look like a physical threat to anyone, to me, people in wheelchairs, everyone else, and we are supposed to be grateful because they were not put in jail, they were just taken down and booked and then they let them all go.

Today I see in the paper even more of a shock, and I am sure these people

will be even more angry, because today's headlines say "Gingrich places low priority on Medicare crooks." Well, now, that makes us feel real good, does it not? It goes on to say that in the area of self-referrals and kickbacks, they have taken all of that out because the doctors did not want it, and that the Congressional Budget Office, remember the Director of the Congressional Budget Office is appointed by the Speaker in his leadership, so part of their team, the Congressional Budget Office estimates that this is going to cost you \$1.1 billion.

My guess, Mr. Speaker, is that is very low. But at a time we are trying to ask people—or they are asking people, to put in more and to trust them, and that these are not really cuts, and we have heard it all, in the interim their very own office says they are winking at waste, fraud, and abuse. It will come back in even a bigger form. Rather than trying to take out what we know is in there, they are winking and letting it come back in. I find that really very, very surprising. I think most Americans would find that surprising.

I am sure to people at home it sounds like we are a bunch of 5-year-olds in a fight out on a playground, but this is a very important fight. It is a fight about the future of Medicare and Medicaid and what it is going to look like for future generations.

You have a trustees report that says we need to save about \$90 to \$100 billion. We have put out a plan that would do that, that the trustees say would get us there, and that is very important. You see the other side waiving the trustees report, but then they come up with \$270 billion. They do not take it to the trustees to say is this the right way to go, they do not have hearings where the trustees come, and day after day we see a constant trickle of more shocking news about what is in their reform program. I do not know how you can call putting a low priority on Medicare crooks reform. That does not sound like reform at all. That sounds very retro.

Mr. Speaker, I think that is why some of us on this side get very impatient and our voices go up and maybe we get too shrill about this, but these types of issues are very serious. People are entitled to hearings. The people who came here and got arrested, I think that is one of the largest affronts to American citizens I have ever seen, and I wish the leadership would apologize to them and say that they are welcome here and this is the people's House and they can come ask these questions.

We on our side of the aisle, we want to ask some questions, too. Since when is a low priority on Medicare crooks the priority of this House? It certainly is not on this side of the aisle. We do not approve of Medicare crooks, we do

not approve of defense fraud, we do not approve of fraud wherever it is. Money is money and people should be treated with dignity. But to see this type of thing constantly trickling out in the press without the openness and without the discussion that we need, I think is very tragic, and that is why people get cynical about government, and that is why I think people are really beginning to wonder and wake up. What is going on on Medicare and Medicaid?

I am also concerned, Mr. Speaker, that we have done away with what we called spousal impoverishment, but you may as well call take-your-house-away bill, because a couple, if one gets sick, is going to have to put all their assets on the line to take care of that one person before they will qualify for Medicaid.

Boy, that is not a family value as far as I am concerned. In 1988, this Congress said no to that type of thing. We said that the family's assets should be split and we should not do that. I hope people find out Medicare fraud is not my priority. Putting families in the poor house is not my priority, and I hope we get on to America's priorities.

PROVIDING CHOICES IN HEALTH CARE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida [Mr. WELDON] is recognized for 5 minutes.

Mr. WELDON of Florida. Mr. Speaker, when I was a kid growing up, one of my favorite TV shows was *Dragnet*. There was a fellow on that show, Officer Friday, and one of his expressions that I liked, if he was getting a lot of extraneous information he would just say just "The facts, ma'am. We need the facts."

I would like to get into a little bit of the facts surrounding the so-called arrest of these innocent senior citizens at the Committee on Commerce meeting yesterday. When I heard about this, I was indeed myself concerned, and I asked some of the members of the Committee on Commerce what went on, and the Committee on Commerce hearing was disrupted by a group of seniors who just happened to be a group of seniors affiliated with a group called the National Council of Senior Citizens, which is a very liberal left wing organization which this previous Democratic-led Congress had been giving about \$75 million a year to for the express purpose of lobbying the Congress to spend more and more and more money.

Yes, you the taxpayers were having your tax dollars given to an organization that was devoting its efforts full time to lobbying the Government to engage in more deficit spending. This group, this innocent group of seniors, who came in were quietly and politely asked to leave, not once, not twice, not

three times, not four times, not five times, but six times they were asked to leave the Committee on Commerce meeting because they were interrupting the hearing.

Finally, it became quite apparent to all those there that the purpose of those people being in that room who were working with this liberal left wing organization, the purpose was to make sure that they got arrested so that they could get some photographs, so that those photographs could be used in newspapers, in magazines, and in this body. This is a staged event.

Mr. Speaker, I have been talking to the senior citizens in my district and they understand that we have a problem. Indeed, the nature of the problem was established credibly by three Democrats working in the White House, Robert Rubin, Robert Reich, and Donna Shalala, who said the fund is projected to be exhausted. What did we do, Mr. Speaker? When we got this information, we sat down with AARP. No, we did not talk to the National Council of Senior Citizens, because their only answer is to raise taxes and increase spending and borrow more money. We talked to responsible groups. We talked to the senior citizens. We talked to the hospital providers and we talked to the physician providers as well.

We have come up with a plan that I think is reasonable and credible. It provides choices for senior citizens. If a senior likes the plan that they are in right now and likes their physician, they can select traditional Medicare and they can stay in it. If they want to opt for some different options, we have a new program called Medicare Plus, which will allow senior citizens to select a variety of different options. Those include if they are getting near retirement and they like the coverage that they have with their current employer, if that employer's insurance provider has a senior option, they can actually select to stay with that company if they want to.

If they want to, they can select a vehicle called a Medical Savings Account, which allows them to really control their dollars and determine exactly how it is going to be spent. There is another option in there for the establishment of provider-sponsored networks. Why is that in there? It is in there for this reason. Managed care has been shown to be, in many ways, a better way to deliver care that is of very, very good quality, and it is also a way to help control escalating and spiraling costs in the managed care environment. There are many communities that do not have managed care vehicles available to the people in those communities.

We have allowed hospitals and physicians to form networks together. They are called provider-sponsored networks, so that they can offer managed

care vehicles, managed care systems for the seniors in those communities.

Now, in the process of doing that, we did have to repeal a lot of provisions in previous law that prohibited physicians from getting together. We have to repeal those provisions or they cannot get together.

Mr. Speaker, I think we clearly received a definite message that our plan was credible and it was workable. The Washington Post, of all publications, a publication that has a long tradition, a long record of supporting Democrats and attacking Republicans in this city, came out with an editorial where they said the Democrats campaign, the MediScare campaign, they called it crummy stuff, demagoguery big time, they called it scare talk, expostulation, they said it was irresponsible.

What did the Washington Post, the traditional voice for liberal Democratic policies, say about our plan? Congressional Republicans have confounded skeptics. It is credible, it is gutsy, and I think it is a good plan. I think it is good for seniors. I think it is good for America, and I think it will help us to balance the needs of seniors with needs to be responsible with our tax dollars and all Americans should support this plan.

□ 1030

SAVING MEDICARE

The SPEAKER pro tempore (Mr. LAHOOD). Under a previous order of the House, the gentleman from Michigan [Mr. BONIOR] is recognized for 5 minutes.

Mr. BONIOR. Mr. Speaker, I want to respond to my colleague and friend from the other side of the aisle who just spoke. Teresa McKenna in this picture was arrested because she wanted to speak about the injustices and the inequities and the lack of discussion on the issue that is most important to her and the people that she affiliates with in this country, the Medicare issue.

We have had one hearing on a proposal that will affect 40 million people, and she and other of her colleagues went to the Committee on Commerce to ask to be heard. She asked to be heard. They were told they could not be heard. She asked why, and she was told she could not be heard. Then they were arrested and taken down to the jail.

Now, the gentleman who just spoke talked about this was a left-wing type of an organization. Does she look like some left-wing radical that wants to overthrow this Government? All she wants is a fair shake for herself and her seniors.

Do you know why she wants a fair shake? Because in a report that was done very recently by the Department of Labor, we found that 60 percent of senior citizens in this country, 60 percent, have combined retirement incomes, that is the retirements and

their Social Security, of \$10,000 a year or less. I will repeat that again for you. We have got 60 percent of our seniors living on \$10,000 a year or less in this country.

What the National Council of Senior Citizens do is they go out and help these low-income seniors get low-income jobs so they can have some supplement to that \$10,000.

What is going on here is my colleagues on the other side of the aisle have a proposal that will take \$270 billion out of Medicare in order to pay for a tax cut which comes out to about \$245 billion, which predominantly goes to the wealthiest Americans. Fifty percent of that tax cut goes to people who make over \$100,000 a year. That is what this fight is about. It is about the Teresa McKenna's and the people struggling to make ends meet, and who will have \$1,000 added to their bills each year. They are living on \$10,000 and \$13,000, and we are giving tax cuts to the wealthiest corporations and wealthiest individuals in our country.

That is why we are so upset and mad. Do we need to fix Medicare and improve it as we go along? Of course we do. We have been doing that for 30 years. But how do you fix it when the Speaker of the House, as this headline in the Washington Times indicates today, says "Gingrich places low priority on Medicare crooks. Defends cutting antifraud defenses." How do you fix it when you have that type of an attitude running this institution?

Now, let me just say with respect to this issue, not one dime, not one dime of their plan goes back into the Medicare trust fund. Not one dime. The last speaker indicated that the Medicare trustees, the three that he mentioned, Secretaries Rubin, Shalala, and Reich, indicated that the trust fund was broke. But they also said it was not broke. They said basically all you need is \$90 billion. You don't need \$270 billion to fix it.

The other thing I wanted to talk about very briefly is what is happening to Medicaid. We are cutting \$182 billion out of Medicaid. What they are doing by cutting this money is they are putting in jeopardy literally hundreds of thousands of seniors from getting nursing home care that they so desperately need and impoverishing spouses in this country by changing the rules and regulations. A \$182 billion cut in Medicaid, 60 percent of which, or close to that number, goes to long-term care for our seniors in nursing homes.

Medicaid is not just a program for the poor, it is for seniors. Two out of every five children in this country get health care from Medicaid, and they are cutting it by \$182 billion. That will mean 15,000 residents in my State of Michigan will not have nursing home care next year if this cut goes through; 175,000 will not have it over a 7-year period. These are draconian cuts.

The New York Times had a headline saying the Republican Gingrich revolution is rolling back the regulations we put on nursing homes. Remember the time when people were being drugged and straitjacketed to their beds? We had serious home abuses. We changed that with humane regulations. Those are all being rolled back now. This proposal that they have to cut Medicaid also repeals the minimum quality standard for nursing homes and other quality care.

So, in conclusion, Mr. Speaker, let me just say that I hope America is paying attention to these two important issues we will be debating in the next week or so.

THE TRUTH ON MEDICARE

The SPEAKER pro tempore. Under the Speaker's announced policy of May 12, 1995, the gentleman from Louisiana [Mr. TAUZIN] is recognized for 60 minutes as the designee of the majority leader.

Mr. TAUZIN. Mr. Speaker, I am a member of the Committee on Commerce, and of all the speakers you heard this morning talking about the incident that occurred at the Committee on Commerce on the Medicare markup this week, I am the only person who was actually present for that incident. Let me tell you the truth about that incident; the facts, ma'am, just the facts, if you will.

What occurred was a woman named Teresa McKenna, who is not some poor person worried about her Medicare, she is a paid lobbyist working for the National Council of Senior Citizens, brought a few of her members into the committee room as we had opened up the session to begin marking up the bill, and they began shouting and protesting at that markup hearing.

The committees of the Congress work just like this body does. Members of the public are invited to attend and to sit in the galleries or sit in the committee rooms and to witness the process by which we mark up bills and debate them and process them through this House. Guests are always welcome, as is the press, at our committee markups.

Had Ms. Teresa McKenna brought her members into this room, into this gallery, and conducted themselves the same way, began shouting and interrupting the process, the same thing would have occurred in this House as occurred in that committee room. They were asked three times by the officers in charge at the request of the chairman to either take seats or leave the room so that we could begin our business. Three times they refused. The officers had no choice then but to escort them out of the room.

Immediately after they had been escorted under arrest outside the room, the chairman instructed the police offi-

cers involved not to press charges, but to release them to go free. In short, the committee did exactly what this House would do; it exercised its responsibility to enforce order in the process by which we debated the bill.

Teresa McKenna represents an organization headquartered here in Washington. She has been representing it for some many years now. She is a paid lobbyist for that organization. You need to know about the organization. Last year it received \$72 million of taxpayer funds to carry out their business. That is a pretty hefty sum. Can you imagine how much health care we could give to seniors in America if we spent that \$72 million on some senior health care problems. But, instead, this group got \$72 million of taxpayer moneys as grants from the Federal Government to do their work.

Well, what kind of work do they do? They lobby. That is what they do. And, guess what? That \$72 million was 96 percent of the income that that organization derived last year. That organization is almost totally taxpayer funded as a lobby group. Ms. Teresa McKenna took some of her members and tried to disrupt the process by which our committee was beginning to debate this extraordinarily important issue for the sake of all Americans, for our mothers and fathers and grandmothers and grandfathers and those to come.

Now, should she and her members have been ejected from the room when they refused to obey? Of course. They would have been ejected from this Chamber the same way. Should they have been put in jail? Of course not. As soon as they were taken out of the room, the charges were dropped and they were dismissed.

I wanted to clear that up first of all. No Speaker of this House, Democrat or Republican, could put up with that kind of disorder in this body. No chairman of the committee, Democrat or Republican, would have put up with that kind of disorder in the committee process.

Did our committee have hearings on Medicare? Our committee held 10 hearings on Medicare this year. Ten hearings. That is more than the previous three Congresses combined held on Medicare. We had lots of hearings. We have had meetings all over the country. We have had focus meetings all over the country. Members have had town hall meetings all over the country. Citizens have had many opportunities to discuss with us this critical and important issue of how to save the Medicare program.

So when you hear Members on the other side get up and make believe that some poor senior citizen was arrested because she just wanted to be heard, understand the truth. This was a lobby group, paid for with Federal funds through grants, that was just trying to disrupt the process.

That is what occurred the other day. What the committee did was exactly what the Speaker of this House is obliged to do. The committee gave them three warnings, and then had them removed from the room, and they should have done so. We processed the bill from 5 o'clock that day until 11 o'clock that night. We came back at 10 o'clock the next day, and we finished our work at approximately 12:30 midnight the next day. Our committee worked diligently and hard and debated amendment after amendment after amendment, offered mostly by Members on the other side, before we finally produced the Medicare bill for this House to consider next week.

I will in a minute begin to discuss with you the merits of that Medicare bill. I want to first yield to my friend from Florida.

Mr. WELDON of Florida. I want to thank the gentleman for yielding. I just want to make a point that I think is a very important one. This disruption of a committee hearing, this staged, theatrical disruption, to include photographers being present, and these photographs being brought here into this House, I think clearly demonstrates how desperate our opponents are in this Medicare debate. They have not put forward a credible plan to restore, protect, and preserve Medicare. They have not put forward a credible proposal.

I said earlier when I was speaking that the Washington Post itself has come out and said our plan is credible. They have not been able to do that. They do not have a plan to restore Medicare, and they realize we are about to do something that will probably be very, very good for seniors in restoring the solvency of the Medicare plan, and they are literally desperate to do something to stop us from doing good.

I think it is really a shame that that is what politics in this city has gotten down to, where these kinds of tactics have to be used. I think our plan is a reasonable plan. I think our plan is a well thought out plan. I think we have gotten a lot of input from a variety of different groups in open meetings.

There have not been any secret meetings here at all. Committee on Commerce, as you said, had 10 hearings. I think the Committee on Ways and Means has had 30 meetings. We have had hearings and hearings and hearings and hearings on restoring the solvency to the Medicare plan, and we have put forward a proposal that everybody seems to be saying is reasonable and balanced and restores solvency to the Medicare plan. Not only does it do those things, but it provides our seniors more choice in selecting their health care plans.

I think it is a good plan, and I think it is a sorry day in the annals of political history in this city when the mi-

nority party has to resort to these kinds of desperate tactics in this debate.

Let us have an open debate, let us have an open debate and really discuss the various virtues and merits of our Medicare plan, and let us not resort to these kinds of tactics.

Mr. TAUZIN. Well, if the tactics at the committee were bad, the tactics on the floor are worse, to pretend this was some real demonstration by real senior citizens, when this was an organized lobby group planning to disrupt the meeting. To bring pictures on the floor and make it look like some poor senior citizen was not heard is just Hollywood. That is all it is. We ought to put that behind us as quickly as we can and begin to debate the merits of our proposal.

I agree, we have a good plan. We ought to debate it, and I am prepared to begin talking about it.

Mr. KIM. Mr. Speaker, I agree. I think this is all politically motivated. I have a deep concern about all these attacks, that we are taking money from senior citizens and giving that to rich people. My golly, we are talking about a tax credit of \$500 per child, and that was given to everybody, not just rich people. Also remember, we just passed an amendment which prohibits any money transfer from Medicare to any other general fund money.

Mr. TAUZIN. If the gentleman will let me emphasize that point, in the Medicare markup we adopted the lockbox amendment, which makes sure any savings the new Medicare reforms produce has to stay for Medicare purposes. It does not go for any other purpose such as a tax cut. It is used within the system to keep the system solvent.

Mr. KIM. I think the public should know that you cannot transfer money from the Medicare trust fund to any other account. The money has to stay within the Medicare trust fund. But all these scare tactics to frighten senior citizens, let me also point out that we should look at President Clinton's plan. He recognized the problem. He is the one that told us Medicare will be bankrupt within 7 years. His proposal is about saving \$127 billion over 10 years.

Mr. TAUZIN. If the gentleman will allow me, he proposed saving \$127 billion, but on the same baseline that our calculations are made, his number is really \$192 billion. The President himself said we need to save at least \$192 billion in spending, the bleeding that is occurring in the system, to save it from bankruptcy. Our number is \$270 billion. His number is \$192 billion. We are not that far apart.

The President understands bankruptcy is about to happen in Medicare. We have to cut the waste, fraud, and abuse, the spending driving it into bankruptcy, as quickly as we can. It does not take Band-Aids, it takes real reform.

Mr. KIM. That is exactly right. So the President recognizes the problem. As a matter of fact, the Board of Trustees are his appointees. They are the ones that released the report that said it is going bankrupt. The President's plan and our plan are not that much different. As you said, if we look at the same baseline, we are talking about the same thing.

Let us look at the Democrat's demagoguery. They have no plan, nothing until about a week ago, and they come up with an idea, a gentler plan, which says they can save \$90 billion. Let us take a look at that.

What is going to happen with the \$90 billion savings when Medicare is about to go bankrupt? Ninety billion dollars certainly does not go far enough. Their plan simply delays Medicare bankruptcy by an additional 3 years. That is what they are doing.

Worse than that, their plan leaves Medicare about \$300 billion in debt, just as the first wave of baby boomers comes along. What is going to happen then? When the baby boomers decide to retire, then we have a \$300 billion debt in the Medicare trust fund. Undoubtedly that is going to bankrupt it again.

This is just another political gesture. I am concerned about this.

Mr. TAUZIN. The gentleman makes a great point that we need to emphasize. The Democratic Party finally came with some alternative. They finally said this week, here is what we would do. What they would do would be to cut the spending, the bleeding in the program, by only \$90 billion. What that does is that just delays the bankruptcy. It is like putting a Band-Aid on a gaping wound and say all you have to do is pump.

Mr. MORAN. Blood in the patient. The patient is going to die unless you close up the wound. Ninety billion dollars will only get you past the next election. It will not save Medicare from bankruptcy and protect it for the next generation. Our goal is to protect Medicare, not pass the next election, but for the next generation.

Mr. KIM. That is right. Ninety billion dollars is just a political game without any details. You are trying to use this figure and trying to frighten senior citizens.

I am concerned with what is happening right now, all the verbal assault and demagoguery.

Mr. TAUZIN. Mr. Speaker, I want to start this discussion by laying something on the table that I think ought to be a predicate to all the discussions we have, a precedent. The first thing I think we ought to put on the table for everyone to consider is that no Democrat, no Republican, has a greater claim to loving their parents and their grandparents than anyone else in this body. No one can credibly make an argument that because they are a member of one party or the other, they love

their parents or grandparents more than a member of the other party. This is not about parties.

We should love our parents and grandparents enough to make sure that the Medicare system is not only solvent for the next 7 years but is solvent for as long as we can possibly see into the future. It is that important.

My mother is a cancer survivor twice, survived breast cancer surgery in 1961, survived lung cancer surgery in 1980. She is a miracle, a product of the miracles of medicine. I consider her my miracle mom. She is still around. She is celebrating her birthday this week at the Senior Olympics in Baton Rouge, in her two favorite categories, shot put and javelin, believe it or not. She is doing great. She is one of the incredible success stories of our Medicare program, of our health care system.

No one in this body can dare lay claim to the notion that they love their parents or grandparents any more than any one of us in this body, regardless of party. That ought to be the first principle.

The second principle ought to be that all of us recognize what the President said, that he and his trustees have said, that if we do not do something dramatic and immediate, the Medicare system will go bankrupt in 7 years.

Now, I expect my mother to be around longer than 7 years. I do not want that bankruptcy to occur for her, not for your mother, not for anybody's mother or father or grandfather.

The second principle that we all ought to agree on, regardless of our disputes, is that we cannot let that happen. We cannot let this system that has cared for my mother and yours go into bankruptcy in 7 years.

The third principle I want to put on the table as we begin this discussion is that the President himself has recognized the need for an immediate and dramatic action to stem the bleeding of money from this system, the tripling of inflationary costs in health care, to Medicare, the waste, the fraud, the abuse in that system—they estimate 10 percent of the dollars we spend in Medicare is nothing but waste and fraud and abuse.

The President has recognized we have to put an end to that. He has recommended \$192 billion of reforms in that area. We have recommended \$270 billion. The President said in 1993 that for the system to continue at three times the rate of inflation is intolerable. He said in 1993, the President, Bill Clinton said, "I will recommend reducing the growth of spending in Medicare dramatically and in Medicaid. This will not be a cut. Don't let people tell you it is a cut. We simply have to reduce this incredible rate of spending to save the system." That was the President's words in 1993.

We have some agreement there. We ought to have agreement in this body

on those same three principles. One, we all equally love our parents and grandparents; two, we all ought to be committed to saving Medicare from bankruptcy; and, three, we can agree, from this body to the Senate to the White House, on a plan to rescue it.

Mr. KIM. If the gentleman will yield further, I would just like to point out I hope people in California are watching this debate, because I read the report carefully. It says that part A of the trust fund, the hospital insurance trust fund, which pays the hospital costs, will be bankrupt within 7 years, unless we do something right now.

That is financed by payroll taxes, the FICA, which the beneficiary pays a half and the employer contributes the other half. If that goes into bankruptcy, we have two choices. One is raise taxes, which is not fair to younger people. Why should they pay a higher rate to subsidize beneficiaries, the retirees?

The second is you have to control the costs. That is exactly what we are trying to do. We have shown again and again that last year alone the Medicare trust fund, which is mismanaged in my opinion, the cost has gone up 10.5 percent. The private plan in California, the costs have actually gone down 1.5 percent.

If you give choices to join a private plan, just a choice, an option, the more joining the private plan, we can save easily 10 percent by avoiding this mismanagement.

Then part B, which is, again, paying for the doctor's bill, which is paid by the beneficiaries, \$41.22 a month, that is hardly enough. So what we are doing is, other taxpayers have been subsidizing two-thirds of this cost. The beneficiary only pays one-third. It used to be half and half. If we do nothing, what is going to happen at the end of 7 years, it is going to be 90 percent subsidized by the other taxpayers, only 10 percent paid by the beneficiary. That is not fair.

What we are trying to do is maintain the same situation, one-third/two-third relationship, by doing it we have to ask the retiree to contribute a little more to maintain the level. We are not cutting anything. We are trying to maintain the same level.

I think we should stop bickering and sending all this disinformation and frightening tactics, so we can work together and come up with a comprehensive plan. We are in a serious problem in Medicare.

Mr. TAUZIN. I thank the gentleman for his statements. I guess maybe the gentleman has put his finger on it. The last thing we ought to do is try to scare seniors today. They have enough to worry about.

We all ought to be trying to calm these fears. We ought to be talking about our debate, of course, on how to resolve it; it ought to be a good debate. But we ought to all talk about those

three principles I talk about. We love you enough to try to keep Medicare solvent, and we will do whatever it takes in working with the White House to come up with an eventual solution that saves it from bankruptcy. That ought to be the theme.

These fear tactics ought to be put aside. We ought to work for the good of this country instead of for the good of somebody's politics today.

I yield to my doctor friend from Florida.

Mr. WELDON of Florida. I just want to amplify on a point that the gentleman from California [Mr. KIM] just made, which I think is an extremely important point.

In developing our plan, we met with a variety of different groups, both consumer groups and senior groups, as well as provider groups. And we, frankly, were shocked to discover that in many of the private groups that do health care, they are actually seeing their costs go down.

So here we have on this one side this government-run program with all its bureaucracy, with all its fraud and waste, and it is increasing at 10.5 percent. Then you go to these civilian-run, private programs, where they are actually reducing the premium. It is not growing at 3 percent, it is not growing at 5 percent, it is not growing at 6 percent. They are actually lowering the premiums to the employers, and that helps those employers be more competitive. It helps them to be more competitive on the international market, where so much of the competition is going on right now.

So what we did is we said, how are you doing that? How have you been able not only to lower the rate of increase of health care costs, but to actually see some real dollar reductions in your costs in health care? And we have taken some of those principles that they have adopted, many of which—actually what they accomplish is they root out fraud and abuse. And we have adopted some of those into our Medicare Plus program.

Now, our friends on the other side of the aisle would like to say that we do not want that, we do not want that. We cannot have that. We want to maintain the status quo. But the reality is the working people who work for these companies who have adopted many of these managed care type plans have to live under those managed care plans.

The ultimate irony of all this is, if you do pause and you ask those working people, the people who are paying the bills for the Medicare plan through their payroll taxes, how do they like them, what they think of those plans, they say they are great. They love them. They think they are wonderful, and they indeed, many of them, are happy that it saves money for their employers so their employers can be more successful. And they indeed are

very, very happy that it weeds out fraud and abuse.

Mr. Speaker, that was such a crucial point that the gentleman from California [Mr. KIM] brought up. All we are doing is saying, gosh, how did you guys out there in the free market manage to do this? Let us see if we can put a little of your free market common sense into our Government program. That is what we have done with our Medicare Plan.

To accuse us of some of the things that are coming from the left on this issue, I think is just dead wrong. It is a good plan.

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Mr. TAUZIN. It is important I think for us to answer some of those accusations right up front. First, are we forcing anybody out of Medicare? The answer is no. Our plan says if you want to stay under the traditional Medicare fee-for-service, you choose your own doctor, choose your own hospital, you continue as my mother has under the Medicare program, you can continue under the current Medicare program as long as you want to.

I will say it again. You can stay in Medicare as long as you want to. Will there be increases in the benefits over the next 7 years in our plan if you stay in Medicare? The answer is yes. We will increase the benefits per beneficiary from about \$4,800 a person on average to \$6,700 a person on average over the next 7 years.

So if you are like my mother, you like Medicare and want to stay there, you can and your benefits increase over the next 7 years by almost \$2,000. So do not believe this awful fear tactic that we are somehow cutting the benefits to Medicare beneficiaries. Neither are we forcing anybody out of the Medicare system as they knew it.

I will tell you the other good news. What about the case if a Medicare beneficiary decides to choose one of these new plans and then does not like it? Guess what, under our plan if you choose it and do not like it, you can go right back into Medicare. In the first 2 years you can do that on a 60, 90-day turnover. You can try a plan and go right back to Medicare. After that you sign up for 1 year at a time.

You will get to do what Members of Congress get to do; you get to choose from among plans. Do you remember when Hillary Clinton was presenting her national health care plan and they argued on television that we ought to give Americans the same option people in Congress have to choose different plans? Well, guess what? Under our Medicare proposal, seniors can stay in Medicare like it is, if they like it, or they can choose another plan, exactly what Hillary was recommending for every American.

Third, if you do not like the plan you choose, under our plan you can move back into Medicare any time you want

to during the first 2 years and every year thereafter at election date when it is time for you to choose.

Guess what else? Seniors are not going to have to use vouchers and go buy these plans. The truth is seniors are going to have a booklet sent out to them in plain English, same way we get one every year, that explains the options to you, that tells you what you can choose and what you can try, and then if you do not like that you can switch back to the Medicare the next year or during that first 2-year period.

That is a pretty good deal. When I went to my mother last weekend and she asked me what we are doing in this thing and I explained it to her, I said Mom would you like to have some option. She said I like Medicare just like it is. I said you can stay there, but would you not like to know you have the same options that we have in the private sector, that Members of Congress have under our Blue Cross plan? Would you not like to know you can move from one plan to another if there is a plan better than the one you are in and that you can go back to Medicare if you do not like the one you choose? She said, well, that makes a lot of sense. I said, yes, it really does.

If Americans hear what is really in the plan instead of what they are being told about it by those who simply wanted to create fear out there, if they hear what is really in the plan, most senior citizens say, wow, somebody is finally giving us a choice, somebody is finally giving us a chance to choose what others in our society can choose, better private plans if they are better for us, and if they are not we can stay in basic Medicare as we know it.

Mr. KIM. Mr. Speaker, I want to say that was very well said. I want to add that under the current plan, once you hit 65, you have to give up whatever plan you have. You must join this Government-mandated Medicare plan.

Mr. TAUZIN. That is correct.

Mr. KIM. You have no choice. That is the only plan available to you, which is Government run and run by bureaucrats. You have to follow their regulations, which is, in my opinion, socialized medicine. Just one plan, period.

All we are trying to do is give those beneficiaries options to join other plans. Why? By joining other plans, you can save more money. This Medicare plan has so much abuse, so much waste and fraud, people would not believe. Even the report so stated that there is more than 50 percent, which is easy to save if we eliminate the waste and fraud.

It is unbelievable. It is out of control. That is why it has gone up 10½ percent, while private plans are under control. Their costs have actually gone down 1½ percent. It is ridiculous.

As long as a third party pays, as long as the Government pays it, who cares? That is the problem we have. So we are

trying to eliminate that problem by simply offering all the beneficiaries choices to join private plans. We expect that at least 1 out of 4 will eventually join a private plan.

Mr. TAUZIN. One out of four. Mr. KIM, you have put your finger on it again. Every time I go to a townhall meeting, I am always asked by someone in the audience the same question. Why do not you Members of Congress spend our money as carefully as you would spend your own? Why do you allow bureaucrats to waste 10 percent of the money that is needed for health care for the senior citizens of America? How do you put up with that? Why do you let it happen? Why do you not be more careful with our taxpayer dollars, as careful as you would be with your own dollars?

The truth is it is harder when you are spending someone else's money to be as careful as when you are spending your own. You have to work a little harder. So guess what? In this bill we are putting in more antifraud, waste and abuse procedures; we are putting in more ability of Americans to help us root out the waste, fraud and abuse in this system than this system has ever seen.

I want to tell people about what is in this bill that you will not hear from the other side. First, everybody knows about the IRS system. If there is somebody cheating on the IRS and you report them, you are entitled to a bonus. Do you know that? If someone is not paying their fair share so that the rest of us have to keep seeing increases in our taxes, any citizen can report an IRS violation and there is a bounty system under the IRS to reward those who report fraud and abuse in the IRS system.

Well, guess what? The new bill will install the similar type system for every senior citizen who catches a bill coming to them, who catches a waste, fraud and abuse situation and reports it to HCFA. Let me be specific.

How many seniors have told us that when we get that bill back, the Medicare bill back that is being submitted to the Government, and say, wait a minute, I do not remember having that service, I do not remember that test, I do not remember this being done? How many have told us that? If a senior suspects they are being charged for something that did not happen and the taxpayers are having to foot the bill, there is no real incentive now to report it because somebody else paid it.

But now the seniors will have the same incentive that every taxpayer has to root out fraud and abuse and report it. There will be a reward for seniors who help us find fraud and abuse.

Second, the bill doubles the penalties on people who defraud this system. Let me say it again. We double the penalties on people who defraud this system. We make it mandatory that any

provider under this system that defrauds the seniors of this country and the taxpayers of this country is forbidden to provide services under the Medicare system for a minimum of 3 years. Mandatory. That is not in current law. We provide a doubling of the penalties and a mandatory 3 years you are out of the system if you dare defraud seniors any more.

Fourth, we put together a coordinated antifraud and abuse system like we never had before. We give to the Secretary the power which the Justice Department now has to work with people who will turn states evidence and help us root out other fraud, waste and abuse cases. We cannot afford the billions of dollars that are going into this rat hole of waste, fraud and abuse any longer.

So when you hear from the other side that this bill is somehow kind of lax on waste, fraud and abuse, just do not believe them. You know what CBO said. CBO scores our work. CBO does the objective analysis that is done on every bill that comes before this House. It tells us what a bill does financially. CBO said we will pick up at least \$2 billion in extra collections from waste, fraud and abuse by some of the measures we put in. There is a potential to pick up a lot more. We think there could be as much as \$50, \$100 billion eventually picked up if we begin to root out the 10 percent of waste, fraud and abuse in this system.

So we are going after it, Mr. KIM, finally. We are going after it not just for the taxpayers but for the seniors who want their program to be here after 7 years, who do not want it bankrupt and who want the dollars we spend, the precious dollars we spend to go to their health care and not to this awful system of waste, fraud, and abuse.

Mr. WELDON of Florida. Mr. Speaker, I want to just amplify on this fraud and abuse issue, because it is a very, very important area. I had a series of townhall meetings with senior citizens in my district over the summer, and one of the messages I heard over and over and over again is we have to do something about this waste and abuse in the system.

I had a lady come to me, she had a bill that was for her week in the hospital and it showed her staying 2 weeks in the hospital. I had another gentleman come to me with a bill that showed they billed for her being in the hospital and her husband being in the hospital at the same exact time when he was not in the hospital at all. He was at home and coming in to visit her every day.

So we have some real problems in the system with that. One of the aspects of the Medicare Plus plan is these provider-sponsored networks. I want to underscore a very, very important point in that feature of Medicare Plus. If there is any excessive testing being

done, if there is any excessive procedures being done, the person who picks up the tab for those is not the taxpayer; it is not the Federal Government, and it is not the senior citizen, it is the provider in that network who did that unnecessary test and who did those unnecessary procedures. So that will be a tremendous incentive in that part of our reform package, in Medicare Plus, that will make sure that we really do root out fraud and abuse.

I think that feature, coupled with the things you were mentioning, increased penalties, a hot line where they can report fraud, when you start looking at all those things coming into effect, we will have a lot of savings in rooting out a lot of this fraud and abuse.

Mr. TAUZIN. I thank the gentleman, and let me emphasize again what the gentleman added. The bill contains a hot line system for the first time. So citizens who find waste, fraud and abuse on their forms, they do not have to report it to somebody locally who may lose it; you can call directly to a hotline in D.C.

We will also have a system whereby the Secretary puts out fraud abuse alerts, so if there is something going on they pick up in the marketplace out there, where fraudulent practice is occurring, they can notify seniors to watch out for this, there is something going on out there, help us root it out.

In other words, we are beginning to build in this bill a partnership between the seniors who receive the services and who very often see the fraud and abuse firsthand and those who run the program and the taxpayers who are footing the bill. That kind of partnership means that we may end up with a much better, more solvent system. That is worth fighting for.

Mr. KIM. The gentleman is right. As long as we have a third-party paying system, without somebody watching so to speak, we will continue to have this kind of abuse and fraud. Right now, the Government pays it without truly looking at it closely. That is what has happened.

That is why I like the concept of the Republican plan to set up a Medisave concept. So you have a choice. Any savings you got by transferring your plan to a private plan without costing you a penny, whatever savings you can generate out of that, you can put the money into a tax free Medisave account and after that you can do whatever you want to do. It is your money to spend, which gives senior citizens incentives in trying to look at the cost.

Right now nobody cares. Nobody asks how much it costs me having this operation. Nobody even shops around. This will give us some incentive to shop around so that I can get a better treatment and cheaper, so to speak. I think it is an incentive rather than some kind of additional regulation. I like the concept, and I think it is an excellent concept.

Second, I want to point out again, going back to part B, which is again, as I mentioned earlier, that right now we are one-third paid by the beneficiary, two-thirds subsidized by the taxpayer, because \$46 a month certainly is not enough and, therefore, all the other taxpayers subsidize it. Now, if we do not do anything, it will be totally out of control.

So what we are trying to do is maintain the one-third, two-third relationship. We are trying to have it so that what we call the rich, wealthy senior citizens will not be subsidized, which is fair. We are talking about \$100,000 a year or more for single, \$150,000 for the couple immediately to stop the subsidy. Anybody making \$75,000 per single and \$125,000 per couple, we will gradually phase out the subsidy. Is it not fair to do it, so we can maintain this one-third, two-thirds relationship?

I do not think it is right that other taxpayers subsidize 90 percent of it. I think right now all the media polls are saying that senior citizens are upset, that they are against us. I think when they find out the truth, I think it will be turned around.

I do not understand why we have all the blame. Mr. Clinton's plan is no different than ours. How does he get away from all the criticism and we get all the blame?

Mr. TAUZIN. I thank the gentleman, and you made two excellent points again. One is that among the various plans that we give the seniors an option to choose are the Medisave accounts. Medisave accounts are being used now. NBC showed a film the other night on New Jersey's plans in many corporate businesses where, instead of belonging to the Medicare system as you know it, you can choose instead to have the money deposited in a Medisave account. A catastrophic policy is purchased, the balance is kept in the account. If you do not use it, the money then becomes yours at the end of the year. If you use it, your high option coverage then kicks in to protect you.

Those Medisave accounts do, in fact, allow people in the marketplace another option and, in fact, ought to be made available to seniors who want to perhaps use them, too. It does ensure accountability. When it is your money, you will spend it a lot more carefully.

So it is one of the options that seniors will have. You do not have to choose it, but it is one of the options and is working quite well in many business settings in America for employees registered under health care programs with their companies.

The gentleman also makes a second point. Under part B Medicare, that is the voluntary part; the part A is the part we all have to belong to today when we reach 65. That is the mandatory hospital coverage. But part B coverage is the voluntary part which most

people choose when they have the option.

That part B coverage covers your doctor bills primarily. That part B coverage is paid 68½ percent by the taxpayers of America, the young workers of America, and it is paid one-third, 31½ percent in fact, by the seniors who choose to participate in it. About one-third, two-thirds, you were right.

What we do in our plan is to maintain that ratio through the 7-year period. The recipients of the program will still pay 31½ percent, the taxpayers will still foot the bill for 68½ percent, but we do one thing that cries out for reform.

Here is the question. How can you ask a young couple earning \$20,000 a year to continue to subsidize part B premiums for an older couple that is making \$100,000 or \$150,000 a year?

You can understand why all of us working in the work force should help our seniors who are similarly situated in terms of income. But how do you explain to a working couple struggling to buy their own health care at \$20,000 a year salary that they also have to subsidize the part B voluntary premiums of someone earning \$100,000 to \$150,000 a year? It is pretty hard to explain.

The odd thing about it is, believe it or not, we are getting criticized by the other side, who should be against taxpayer subsidies for wealthy people. We are getting criticized for trying to make this change. What we are saying is that when you are in that income category, \$100,000 to \$150,000 a couple, that you should not have to depend upon those making \$20,000 a year to pay your part B premium. That ought to be your responsibility if you are that well off. You ought not be counting on poor working Americans struggling to feed their families and pay their own health care.

So our plan changes that and phases out that subsidy for the well-to-do in America who do not need a subsidy from those who are working in the poor and middle class families struggling to pay their own health care.

Mr. WELDON of Florida. Mr. Speaker, I was a practicing physician before I came to the U.S. Congress, and, actually, the truth is a lot of those working families on limited incomes, families where maybe the husband has a \$15,000, \$20,000 a year job, and the wife may have a part-time job while the kids are in school making \$6,000 or \$7,000 a year, many of those families have no health insurance, they have zero health insurance. I have seen that in my practice, where they do not have the money to pay me, and you have to set up a schedule of payments or you have to just write that off, because you know they cannot afford it. So you end up seeing them for free.

We have been taxing those people to subsidize the part B premium for many very, very wealthy senior citizens. This

is just another example, I believe, of how our plan is a well thought out plan, a balanced plan. What we are asking is those wealthy seniors, who have the money to pay for their part B premium, that they pick it up themselves. So we have some provisions in there that will make sure that those affluent wealthy senior citizens are paying, indeed, their fair share of what their health care costs are and that we are not excessively burdening working families, many of whom have no health insurance.

I think that is a very, very good balanced feature of our Medicare reform proposal and our Medicare Plus plan.

Mr. TAUZIN. Again, you have put it so well. Here we are talking about a family that cannot even afford to buy their own health care they are at such a low income, struggling. Yet our law now requires them to subsidize, through their taxes, the health care premiums of the wealthy in America. That does not make sense when you talk about part B voluntary programs.

You can make an argument, as we have all made the argument, that when it comes to part A, all of us who work in America owe our part A contributions to make sure that part A is solvent. That is maintained in this plan. But to say that working Americans, who cannot afford medical care insurance for their own doctors for their children, and who do not even have coverage for their family, who have to go, if you will, to Hill Burton coverage, or the good graces and charity of their physician for health care, to say to them we are going to ask you to pick up the part B premium for people earning \$150,000 or more for next year is a little unfair.

If ever there was an unfairness in a system, I think we have found it. We correct that unfairness in this bill. One of many features of this bill that I think Americans should look at instead of reading the fear tactics put out by the other side.

Mr. KIM. Mr. Speaker, I read a month ago a report that simply says that we live longer, which is good news, and that each beneficiary actually spends \$170,000 more than he or she has contributed in a lifetime. Of course, some people live longer and some people die earlier, but, on average, each senior citizen actually spends \$170,000 more than they have contributed in their lifetime. We have to make this up somehow.

Part A we know is a payroll tax, 2.9 percent, half and half, employee and employer. Is it fair to raise that? No, I do not think it is right to raise it because why should they pay it? So we have tried to maintain the same tax rate. Part B, one-third, two-third relationship, that must be maintained. That is not fair asking young people to pay more.

So we have tried to maintain the same rate. What else can we do, except

avoiding all the waste and fraud? We have all the innovative ideas of giving choices to private plans.

What really bothers me is our colleagues, the Democrats, come up with this silly \$80 billion savings. Come on, that is certainly not enough. They know it. It is clearly stated in the report. That is not going to do anything. It is just a political motivator. Who are we trying to kid?

As I said earlier, at the end of 7th year, when the baby boomers decide to retire, how will we do it? By then we will be \$300 billion in debt using the 80 plan they are suggesting, which they never had a plan until a couple of weeks ago. Last minute, without any details. It is just a joke. It is another politically motivated tactic that they are trying to use to say we have a gentler plan, that the Republicans are cutting too deep, too fast.

I have just had it with this rhetoric and painting us like we are mean-spirited people. Come on, we care about people, just as they do. We should stop the bickering, and they should join us. If they have a problem, let us work this out together and come up with a comprehensive plan so they can save Medicare from bankruptcy.

Mr. TAUZIN. I thank the gentleman. I think I know where the problem is. The problem is that, No. 1, the Democrats who do not like our plan would prefer to call us mean spirited and create all these fear tactics, and Republicans who are upset with the Democrats for not coming up with a plan would like to believe that the Democrats do not want to save Medicare.

I do not think either of those arguments are true. I really do not. I think Medicare is sacred to all of us here. I think the other side should be given credit that they do not want Medicare to go bankrupt, but their solution will not sell anymore. Their solution is either raise taxes some more or borrow some more money. Do not try to control the cost or the waste, fraud, and abuse, just raise taxes some more or borrow some more money.

I want to end, before I yield back to my friend from California on that note. I was raised to believe that it was the job of parents in America to try to leave some patrimony to their children, to try to leave them a base, a foundation upon which to build their future. I was raised to believe that. I think most of us in this country were raised to believe that.

But the most awful crime occurring in our country today, if all the other crimes were lumped together, they are misdemeanors compared to this great felony. The greatest felony in America today is the fact we in America today, our generation, is now not simply living on our income, we are now living on the income of our children and our children's children yet to be born. We are living at such a deficit rate that

our grandchildren and children will have to endure an 80 percent real tax rate on their earnings to pay for our debt.

We are not leaving our kids any inheritance anymore; we are leaving them mortgages and we should be ashamed. If there is one felony we ought to end in this Congress, in this country, it is the notion that we can live off our children's income forever, that it does not come due one day, that somebody does not have to pay that bill one day.

What we are trying to do this year is to say beginning through this year into the next 7 years we will put Medicare in solvency again, we will put the budget in balance, we will quit living off our children's income and we will do it in a way that protects our seniors and gives respect and due credit to the workers of America who are trying to fund this system and make it work.

What a great challenge. What a great challenge. Is it worth some political heat? You bet you. You bet you. Is it worth getting a little political stain on you because you get hit and accused and abused through the process? Of course. Do I care whether or not anybody's politics is helped or hurt by this? Not a bit. What I care about and I hope you care about is at the end of this process we cure Medicare for America, we make it solvent again, we balance this budget in 7 years and we end this awful felony of living off our children and our grandchildren's income.

Shame on us for letting that continue for one more year. Blessings upon us if we can do it in this 7-year period. It will take at least that long, but we ought to be about that business today. We ought to be about it as Americans, not as Democrats or Republicans. We should be about it as parents who love our kids enough to leave them something better than a great debt they cannot pay.

Mr. WELDON of Florida. That will be hard to follow on. As always, he spoke very, very well on this issue.

I want to close by pointing out that the Washington Post itself, a publication that has a long-standing reputation of opposing Republican initiatives and supporting Democratic initiatives, and I raise that not to criticize the Washington Post but just to emphasize that this is basically a statement from a group who has been traditionally our critics, they say that the Republican's Medicare plan has confounded the skeptics, it is credible, it is gutsy, and it addresses a genuine problem that is only going to get worse.

This is what they had to say about our opponents. They called their proposal crummy stuff. They called it demagoguery big time, scare talk, expostulation, and they called it irresponsible.

What you were just talking about, you were talking about being respon-

sible when you talked about leaving our children not a debt but leaving them a good posterity at this, that is called being responsible. That is called being a responsible parent when you do that. That is what this is about. It is a responsible proposal that we are putting forward and what our opponents are doing is irresponsible, and I thoroughly support the Republican Medicare reform plan, the Medicare Plus plan. I think it is a good plan. It will preserve and protect Medicare for our seniors. I think it is good for seniors, it is good for working people who are getting near retirement age, and it is good for those young people who will be saddled with all those taxes if we do not straighten the problems out.

I thank this gentleman from Louisiana for planning this 1-hour special session to talk about this. I think this has been very, very good. The gentleman from California [Mr. KIM] has made some very, very good comments. I think this is a very, very complicated issue, but we covered a lot of the high points on what our plan offers.

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Mr. KIM. Mr. Speaker, I was coming down to the office when I heard this radio talk show, and it concerned me because they were interviewing an opponent that said that now Republicans are trying to tax the students. I was absolutely shocked.

As a matter of fact, we added more money for Pell grants. We are not cutting any student programs. All we are doing is we are asking students when they borrow the money, they should pay back all the interest. Right now they do not have to pay anything until they graduate or 6 months later.

Is it fair for the other young people who are not fortunate enough to go to college to subsidize a medical student with free interest? Of course, not. So we are asking them to pay back interest after they graduate, which is about 60 cents a day on average. This kind of demagoguery, this kind of scare tactics, frightening now senior citizens, now young students, I do not appreciate this.

This is my second term, but this is politics and I am very disappointed. We should send a clear, true message to the American people, not twisted, not demagoguery, not scare tactics.

A lot of senior citizens from my district are frightened. I have to go explain to them the factual information. I was an engineer all my life. I do not know any other way except presenting facts. Now they are satisfied. But it is really not necessary doing all this. They should tell the truth, exactly what it is.

I thank again the gentleman from Louisiana [Mr. TAUZIN] who has done an outstanding job hosting today's debate.

Mr. TAUZIN. I thank my friends from California and Florida for what I think is a very useful hour.

Let me say it again: The Washington Post, what most people consider a very liberal editorial page, said it very clearly. But I want to caution, if you want to get educated on the Medicare proposal before the Congress, do not count on the newspapers or anybody else to educate yourself. Try to educate yourselves and be in touch with us. Write to us, call us, ask for information, as you always do, come to town hall meetings. We will continue to share that information here on the floor as freely as we can.

Let me say again, our plan mandates no one to leave Medicare. They can stay in it if they like, and it will grow from \$4,800 per recipient to \$6,700 over 7 years. It is good reform that saves Medicare for a whole generation, not just for the next election, and that is important.

It is a plan I think we ought to be debating, as the gentleman from California says, in a way that does not pit the White House against the Congress, or Democrats against Republicans, in this awful kind of political warfare. It is one where we all ought to recognize we all love our parents and grandparents, we love them enough to behave ourselves around here, instead of acting like children, and to come to some mature decisions about how to save this program and make it endure for the good of the seniors of America, while respecting the legitimate interests of taxpayers that want to make sure the wasteful spending in this system is curtailed as rapidly as possible.

This is a great challenge for the country this year. I hope we are up to it. I hope seniors are calm and cool and deliberative as they look at these programs. If there is something wrong in what we are proposing, I hope they suggest changes that make sense that we can incorporate into it.

The last thing we need is demonstrations and disruptions like we saw in the Committee on Commerce organized by lobbyists paid exclusively by Federal funds. The last thing we need are scare tactics. What we need is honest, truthful debate of the facts, and then coming to terms as Americans, not as party members, but as Americans, to save this incredibly important system for those we love so dearly, and who created the path upon which all of us have walked.

I want to remind you of something. All of us owe so much to the seniors who came before us. All of us owe so much. They did not leave us with a big debt, they gave us a lot. We ought to not leave our children with a great debt, and we ought to honor and love our mothers and fathers enough to take care of them in their senior years with a program that does not go bankrupt because we did not have the political courage to debate it as mature adults.

I again want to thank the gentleman from California [Mr. KIM] and the gentleman from Florida [Mr. WELDON].

AMERICA IS NOT A SPECTATOR DEMOCRACY

The SPEAKER pro tempore (Mr. LAHOOD). Under the Speaker's announced policy of May 12, 1995, the gentleman from New York [Mr. OWENS] is recognized for 60 minutes as the designee of the minority leader.

Mr. OWENS. Mr. Speaker, I would like to begin where the last speaker left off.

I think that it is important to note that America is not a spectator democracy. Americans should participate. Americans should be engaged in the process of deciding our own faith.

We have a Constitution which allows us to do that. We are not helpless victims. We should not sit by. We should participate. We need more demonstrations. We need more writing of letters to Congressmen. We need more petitions. We need more marches. Whatever is possible to participate in, we should do that. Action is needed now.

I think it is important also to note that the first participation of Americans should be in terms of the dialog. Let us engage in the dialog. Let us listen to what we hear. Let us analyze it. One of the great things about seniors, and I like to be around seniors because senior citizens have lived for some time and experienced a great deal. I am not too far away from that myself now. When I was very young, I always liked to be around senior citizens. They know so much more than the rest of us. They are always so much more interesting to talk to and listen to.

You cannot put much over on senior citizens. I do not think the salesmen we have heard this morning will be able to put much over on senior citizens. I do not think the sales package of the Republican majority will put that much over on senior citizens. Senior citizens will listen and ask themselves the question, how is it that the Republican majority in their plan makes such a great deal about eliminating fraud, when at the same time, they have recently made a deal with the doctors and the medical establishment, the perpetrators of the fraud, to endorse their plan? Why are the doctors so happy? What is contained in the deal that was made between the AMA and the medical establishment and the Republican majority which makes them so happy?

Surely they are not agreeing to a program which is going to make them more accountable. Who is responsible for the excessive costs? The medical establishment. Who is responsible for the fraud and the waste? The medical establishment.

How can you say that to a senior citizen who has seen a number of things

happen in their lives? They have seen the hustlers and seen the swindlers come and go. No senior citizen would go out to buy a used car without thoroughly checking it out and having somebody with them who knows a lot about cars. No senior citizen would buy a new car without checking it out. There are a number of things you do, because you are old enough to know better.

So check out the proposition that fraud and waste will be eliminated in the Republican majority plan, and the Republican majority made a deal with the doctors. How can those two things be the same? The doctors, the medical establishment, are the people responsible for the fraud and the waste, certainly the fraud.

Last year when the Clinton administration's plan was on the table, I proposed a number of times that we have a one-tenth of 1 percent set aside of all the money appropriated to establish consumer advisory committees, patient advisory committees. The people who are in the plan should at least have one-tenth of 1 percent of the total amount of money so they can maintain an organized advisory committee made up of the people receiving the service.

Nobody would support that plan. Nobody would support that plan. If you do not have that kind of organized plan built in to defend yourself against fraud, I do not suggest to any senior citizen, and I do not think any senior citizen would be foolish enough to turn their doctor in.

I heard the proposition that you get a reward, you get a bonus for turning your doctor in for fraud. If you turn your doctor in, be sure you get another doctor. I think I can tell senior citizens, if you turn your doctor in, do not go back to him. If you turn two or three doctors in in the same city, they are going to blacklist you. I do not advise you to follow that route, period. And I do not think most seniors would be dumb enough to get involved in a situation where the people responsible for their lives, they are reporting fraud on.

That is not enough. If you want to deal with fraud in health care, you need a better apparatus to do it. Do not tell senior citizens to buy that.

Do not make comparisons with the Clinton plan. Let us engage. Let us remember, what did the Clinton plan try to do last year? What was the administration's primary aim? The primary aim was to get universal health care coverage, not just to deal with Medicare. Medicare, Medicaid, it was understood that the programs had to be refined, that there was some waste, that it is possible to make it more efficient and more effective. And in order to get the money needed to extend the coverage and to have more people covered, we would do that.

The noble purpose of the Clinton administration plan is not one of the pur-

poses and goals of this Republican health care plan. They are dumping the coverage. Less people will be covered because they are saying that Medicaid should no longer be an entitlement. They did not talk about that. There is a health care plan which includes more than Medicare; it includes Medicaid also.

Medicaid will no longer be an entitlement. You will not be able to get Medicaid, which means seniors are in great jeopardy. Those who spend all their resources as a result of a very serious long-term illness will not be able to fall back on Medicaid and go into a nursing home and deal with a long-term convalescence because it will not be there without the Medicaid entitlement.

They are going to take away the responsibility of the Federal Government to provide for the poorest people, the health care. That is a great step backward from the Clinton plan that was on the table last year. It was called too complicated, too complex. It was more complicated because of the fact it tried to do more. It tried to address the problem of our civilization that we must be ashamed of.

American civilization is the only industrialized nation in the world which does not have universal health care coverage. By universal, I mean it is moving toward the coverage as many people as possible. Some have 96 percent. Canada may have 98 percent. But the idea of universal coverage is there in most of the industrialized nations of the world. Only South Africa is an industrialized nation that has no universal health care coverage.

So we are trying to move in that direction. This plan abandons it completely. In the Republican health care plan, there is no attempt to move toward universal coverage. In fact, there is a headlong gallop backward toward less coverage by denying the Medicaid entitlement. So we are in serious trouble.

I also hope that everybody who heard the previous discussion will use their faculties and engage and go back and look at a little recent history and know that the biggest felony in America was already committed. In the future you might say to saddle our children, our grandchildren, with bills that are difficult to pay in the future. You may call that a felony, but I think that is quite farfetched. That is going way out.

We have had the worse felony in the history of America take place right before our eyes. It is called the savings and loan swindle. Some of the gentlemen who are talking, certainly the one in the well, knows the history of the savings and loan debacle very well. Never before in the history of civilization has there been a swindle of the magnitude of the S&L swindle, where the taxpayers in America were made to

pick up a bill of \$250 billion, by the most conservative estimates. It is conservative, and it is not settled yet, because it is still going on. It might be \$300 to \$400 billion that the taxpayers have to put out to clean up the savings and loan swindle. Never before in the history of civilization have so many stolen so much from so many and gotten away with it with so few prison terms, never before.

So the savings and loan association swindle is the biggest swindle in the history of mankind. Newspapers like the Washington Post and some others never seem to quite get the time or the space to deal with the magnitude of that swindle.

The party that now proposes to cut Medicare by \$270 billion over a 7-year period has not dealt with the fact that we still have a \$250 to \$300 billion bill that we maybe ought to try to collect. The taxpayers of America maybe ought to say to the savings and loan associations that do exist now, to the accountants that were part of the conspiracy, to the lawyers for the banks that were part of the conspiracy, that they all pay a surcharge until that \$250 to \$300 billion is paid back.

The great swindle has taken place already. The greatest felony in the history of civilization, has taken place right before our very eyes, and very little is being done about it.

Finally, I want to address myself to the fact that everybody who hears should engage and listen and question and ask the question, is the Medicare system about to go bankrupt? You have heard them quote the trustees, and they have given you the names of the trustees, Shalala, people within the Clinton administration. Why do you not go and ask Donna Shalala, Mr. Rubin, why do you not go and ask them, is the system in danger of bankruptcy within 7 years?

Since they are being quoted, listen to their answer. They said so already. You have a problem of about \$90 billion, \$89 to \$90 billion over the 7-year period.

It was assumed that, if you make the system more efficient, if you weed out the waste and the fraud, you could achieve the savings of that \$90 billion over a 7-year period without draconian cuts in the benefits, without tremendous increases in the premiums.

So listen to their dialogue and take it a little further. Go ask the trustees. Go ask them, do you have to make this \$270 billion cut? And also the \$270 billion, how does it relate to the tax cut that the Republicans are proposing, which is \$240 billion?

Let us listen. Americans, we are not spectators, we do not have to be witnesses. We can do things. We need action. That is what I want to talk about today. We need people to understand that, if you sit still and watch this as a spectator, the President as a Democrat against the Republican controlled

Congress, and we wait for the great train wreck situation to evolve to its climax, you will be derelict in your duty as Americans.

You owe it to all of us, we elected officials have to do our job and we have not done it well and should find new ways to do it better. Even Democrats in the majority are going to have to find a way to deal with the fact that a Republican controlled Committee on Ways and Means will be on the floor with a bill which will have a closed rule. As Members of Congress, we have to vote it up or down, but we cannot have an opportunity to let our constituents know where we stand and offer some alternatives and go on record for the alternatives. That will not be the case. We have to find a way to deal with that, but that is another discussion for another time.

We need action now. Every American should ask themselves the question, what am I closest to, what can I do? My vote is not enough. I have an opportunity to vote every 2 years for Congress. I have an opportunity to vote every 4 years for the President. That is not enough. I also have in the Constitution the first amendment, a number of other things standing behind me which allow me to do things beyond my vote. Action is needed.

On the issue like education right now, let me make an appeal that you get involved in the fact that the education budget was cut by \$4 billion, the Federal aid to education. You say that is a tiny amount. The Federal Government only puts in about 7 percent of the total amount for education anyhow. So why are you worried about that? Well, the cuts in the Federal dollars are followed by cuts in many States where the States are cutting the money available for education and the localities are cutting money. So we have an education crisis in most of the country. Certainly in the big cities we have a serious crisis.

I am calling for some action now. I think that we should call upon all of the children in the schools, we should call upon all the parents. And beyond the parents and the children, we should call upon the church leaders, the business people. Everybody should let it be known that we think education is very important.

The polls consistently show that education ranks in the top five concerns of Americans over and over again. No matter how other things fluctuate, crime may go to the top sometimes, health care may go to the top, education always comes out of the top five.

There is a basic understanding, the folk wisdom of Americans is that education does come first. It is like the early slaves coming out of slavery. They wanted first of all to learn to read. Education had the primary value for the early free families. Education

in the black community has always been a highly charged value. Confusion about how to get that education and obstacles being placed in the way of preventing the obtaining of the education has been a problem. But the value is there. It is certainly a value in the African-American community. It is an American value.

Action is needed now, because the signal has been sent from Washington. The Republican controlled Congress has cut education by \$4 billion. Head Start has been cut. The one program that sends the greatest amount of money out to elementary and secondary schools, the aid to the disadvantaged, called the title I program, the title I program has been cut by \$1.1 billion. The summer youth employment program has been cut out completely, zero. We have an emergency. We ought to do something.

So we are asking that everybody—this is an appeal that I made to the National Commission for African-American Education. It is an appeal I made to an assemblage of the Congressional Black Caucus education brain trust. It was adopted and made a resolution that November 15, which is right in the middle of open school week, open school week is a national phenomena all across the country. So on Wednesday, November 15, we are asking that everybody who cares about education will do something.

Do not be a spectator. Bear witness. Go out to your local school. Everybody has a school near them. It is the nature of education in America that there is some school near everybody. Go to the nearest school and do something to let it be known that all citizens care about education.

In the leaflet we have put out calling for overwhelming support for education on November 15, the national education funding support day, we have stated that you can participate in the following activities: Show up at your nearest school. Just show up and let your presence be a testimony of your support. This is the first and most important step.

During the morning gathering at the school, spend 1, 2, 3 hours at the school. Do some upbeat things. Take some upbeat and positive action to demonstrate your love for children. Bring some pencils and papers and crayons if you are in a poor neighborhood to hand out to the children. Or bring chalk and erasers and supplies for the teachers inside the classrooms. If you are in New York City, they need chalk, pencils, erasers. We have a crisis in supplies in the great city of New York where we spend \$8 billion on education. There is a crisis in terms of supplies and chalk.

There is a crisis also in terms of they do not have places to seat children. At the beginning of the school year in New York, there were 8,000 high school pupils who did not have a place to sit.

They have not fully solved that problem.

So show up and do something useful. If the area around the school needs the rubbish and dirt removed, then bring some plastic bags and shovels and clean it up. Do something useful to help the program inside the school. Talk to the school administration, the principals. If it is not disruptive, ask what you can do to help inside the school.

At the same time as you pass out information about PTA meetings, school board meetings, legislative budget hearings, citizen rallies, you should sign up volunteers to help with school trips. Distribute a list of names and addresses and phone numbers of all elected officials, especially those elected officials who are directly responsible for education. You should engage all participants who come by to register new voters and to make sure they are registered themselves. If you are in an area like the area I live in, where there are 150,000 people who are not citizens, you should certainly encourage immigrants to seek citizenship. These are legal immigrants. They can seek citizenship. Show them ways to do that. Certainly the parents of children in the schools who are immigrants, you should encourage them to seek citizenship.

There are a number of ways on November 15, Wednesday, everybody can take action. You do not have to be a spectator. You can take action for education. You can deal with the fact that the President is going to be in negotiations with the Republican controlled Congress on the appropriations bill for education. There are a lot of items in there.

We want him not to lose his focus, to understand that the American people care about education. Education is one of the top priorities. It is not enough just to believe that; you have to manifest it and let it be known. We have to engage in what is called a manifestation to your empowerment, a manifestation of your concerns. You are not only concerned but you want to let it be known, you are a voter, you are out there, and you want to do something about the problem of funding for education.

I have just used education as an example. But there are many other ways in which we need to show that we are involved in this process. You have to believe that this is a turning point in the history of America. It is a turning point. You have to believe Speaker GINGRICH when he says we are going to remake America; take him seriously. Whatever you may think of the Speaker, he is competent, he is a great organizer. He is probably the greatest politician that has come along in the last 20 years. When he says he is going to do something, take him seriously.

The Speaker says we are going to remake America. He has a lot of bright

people with him who believe that they can do that and are trying to do that.

I think they are very bright, but they have no compassion. I have called them high-technology barbarians because of the lack of compassion. I will repeat it again. They are the smartest people you can engage anywhere, but they have no compassion; and therefore I think they deserve the label of high-tech.

Barbarians. But they have to be taken seriously.

The Speaker has said we are engaged in war without blood. Politics is war without blood. Politics is war without blood. If you are engaged in war without blood, then do not sit there and assume that you are on the sidelines, that civilians are not going to be involved. There are no civilians in the political war. Everybody is in danger. Everybody must understand that you must engage in the war. He has said it. This is war. Therefore, you must make plans to participate in the war.

The allied forces must plan a defense against those who have mounted the attack. The Speaker has made it clear, he is going to remake America. We are mounting the attack. They hit the Nation on November 9, 1994, with a blitzkrieg. That blitzkrieg was very successful. They have taken control. They will march on. Allied forces must be united. Allied forces must understand they are in a war, and you must plan for the defense. Do not sit there and think that you are a civilian and you are going to escape. None of us are going to escape. We are all part of this war.

They are going to remake America, and I do not think we need to remake America. I have said that over and over again. America needs to be improved. There are all kinds of ways in which we should strive to improve America. We do not need to remake it. We need a steady process of escalating improvement, but they are going to remake it. And they are not going to remake it in the interests of the majority. America is going to be remade, and they have made that clear in all of their actions since January 1995. Since January 1995 of this year, it has been quite clear that, no matter what the Contract With America says, the overwhelming aim of the Contract With America is to make America a place where the elite can survive conveniently without any problem in terms of taking care of the majority. A small elite minority will be survivors, and they will enjoy the fruits and benefits of a great American economy, and the rest of the people will be thrown overboard. That is clearly how America will be remade if we sit by and let it happen.

We should not be spectators. There is a train wreck in process already. People have said, well, the great train wreck metaphor did not quite materialize on October 1. We passed a con-

tinuing resolution which will take us until the middle of November. The drama of a train wreck has been avoided.

Well, the train wreck process has started. It is pretty clear that the Republican majority is not going to yield. They are moving headlong forward with Medicare, the rape of Medicare, as one of the things they are proposing to do, into the entitlement for Medicaid. All kinds of things are happening which make the train wreck inevitable.

But recently it was announced that the Speaker and the majority in the House are contemplating sabotaging the train process, put a brick on the track and run away, not to engage. The train wreck metaphor always assumed you would have a situation where the President would veto the bills, the Republican majority in both Houses cannot override the veto, and therefore there would be negotiations at the White House. That happened once with George Bush. The negotiations at the White House would be between a Democratic President and a Republican controlled Congress.

What the Speaker has recently indicated is that in his war without blood, guerrilla tactics are going to be introduced. They are going to put a brick on the track and run away. Congress is going to pass the bills, send them to the White House, and adjourn.

I can think of nothing more irresponsible than that. But that is the kind of guerrilla action we have to look forward to.

Why not? Because in the process of avoiding the dramatic train wreck, what has happened already? What happened with the continuing resolution? The continuing resolution that has been passed already reduces spending and moves toward the level of spending that the Republican-controlled Congress wants. Already we have downloaded, we are spending less, moving in that area. Why do they not try to negotiate another continuing resolution and also further download the situation and decrease the budgets of all the programs?

That is what you call slow poisoning, a slow poisoning through the continuing resolution. Instead of attacking the victim with a knife and slashing him to death, you poison them quietly. The continuing resolution can poison all the programs that the Republicans do not want. The pain will be less visible. Most of this pain will not be felt until next October 17 anyhow. Some of it will be introduced, however, right away, through this poisoning process, the greatest most dramatic things in Medicare and Medicaid, the big programs.

What we do now will take effect in the next fiscal year. So you have to keep in mind that the process is important right now because of the pain it is going to produce later on.

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Some of the pain will not come until after the November 1996 elections. That is not by accident. Certain cuts are programmed and scheduled so that the impact will be felt after the November 1996 election. Keep your eyes on the process now. Do not be a spectator now. Get up and act now. Write your letters now. March and demonstrate now. The train wreck calendar is in process. It is no less a problem than it was 2 months ago.

Taxes, revenue, money, budgets, appropriations, that is the heart of the process of what is going on here. We do a lot of important things in the U.S. Congress. We should not minimize any of the things we do. What the Congress of the United States does affects the life, health, and welfare of people all over the world. It should not be minimized ever. But of all the things we do, at the heart of it are the processes which relate to taxes, revenue, money, budgets, and appropriations. That is at the heart of the process.

My colleagues may wonder why I always come back to this discussion of the tax burden and the way the tax burden has been shifted over the last 50 years. I do not have my chart here today, but I had one last time which showed in graphic terms one of the great problems with America, one of the reasons why people who want to remake America are telling us that the good things will go bankrupt, they want to reduce school lunches because they are too costly, they want to reduce Medicare drastically, Medicaid, they want to end the eligibility. They have already ended the eligibility for Aid to Families With Dependent Children. Everything is going to go bankrupt, they say, because we have a deficit and it is possibly going to get greater and there are no more sources of revenue, no sources of taxes.

They have labeled certain people as big spenders. As I said last Tuesday, one of the right wing groups has labeled me as one of the five biggest spenders in the Congress. I proudly accept that honor of being labeled a big spender by their standards, although their standards are quite flawed.

I am the sponsor of a \$60 billion bill. They have gone around and checked to see what the dollar figure is on the bills that Members have proposed. I am the sponsor of a bill which proposes to spend \$60 billion for job training, for jobs for the stimulation of the economy, and \$60 billion may sound like a lot of money.

How dare anybody propose over a 5-year period to spend, over a period of time to spend \$60 billion a year to revitalize the economy. That is a stimulus to deal with what I consider to be a transition periods that we are now in. We are in a transition period where the new technology is throwing people out of work, downsizing and streamlining

and pushing people out of jobs and we need a stimulus.

We may think \$60 billion is a great amount. The little nation of Japan, with 75 slightly more than 75 million people, has a package now going forward that is \$90 billion a year. A stimulus package that is \$90 billion. So a \$60 billion proposal, I do not have the power to get it passed, but if we want to judge me on what I see as a vision, the vision of America I have, what I see as the remedies, then I accept that judgment.

On the other hand, the flaw in this rating of big spenders does not take into consideration what a Member is against, the spending they are against. As I said before, Rush Limbaugh, who chose to highlight this on this show, needs some people who know how to subtract. Take all the programs and all the times I have spoken on this floor and all the amendments I have introduced to subtract from the Federal budget. Programs that I am against mount up into the billions of dollars.

The F-22 that will be manufactured in NEWT GINGRICH's district of Georgia. Will cost us \$12 billion over the next 7 years. I am for taking that one out. The B-2 bomber, over the life of its history, will cost us \$33 billion. I am for taking the B-2 out. The *Seawolf* submarine, more aircraft carriers, star wars, the CIA.

I had a very specific amendment on the budget to reduce the CIA budget by 10 percent a year over a 5-year period. If we assume the New York Times figure of \$28 billion for the CIA and the intelligence operation is correct, then, over a 5-year period that \$2.8 billion would amount to quite a bit of money that we could use to replace the \$4 billion they took out of education, the \$7 billion they are taking out of low-income housing. We could do things with that \$2.8 billion per year over a 5-year period or, let us extend it to a 7-year period.

The CIA has proven over and over again that not only is it of dubious worth, but it is also dangerous. The CIA recently revealed that they had a petty cash fund of \$1.5 billion that nobody knew about in high places. The Director of the CIA did not know about the \$1.5 billion. The President did not know about it. Nobody knew about it in high places. How much more do they have? How is the CIA able to have a \$1.5 billion slush fund? That is what they admit to. I am sure it is higher. A \$1.5 billion slush fund and nobody knew about it.

I think one of our famous predecessors said when we have a million here and a million there, we get into the billions and it all starts adding up. A billion is a lot of money, ladies and gentlemen; \$1.1 billion is the amount of the cut on the title I program. If they would just please give us, CIA, your petty cash fund, your unauthorized

petty cash fund, give us your unauthorized petty cash fund to make up the \$1.1 billion, we will let them keep the rest.

I know what the deal is. I heard the Permanent Select Committee on Intelligence say now that we know about that money, we have taken it back. How is it the Office of Management and Budget did not know about it?

Office of Management and Budget specializes in cutting small programs. They cut out like library programs that acquire foreign language books in universities; they cut out little programs that train teachers; they are specialists in going through and cutting out little programs. To be small is to be dangerous in the Office of Management and Budget. How, Office of Management and Budget, did you ever let the CIA acquire a \$1.1 billion slush fund?

So the message is, if we look at the record of MAJOR OWENS in terms of spending, and we subtract all the things I have said we should stop spending for, including the farm cash subsidies that flow to places like Kansas to farmers who are making \$400,000 and \$500,000 a year, let us stop giving money to farmers that make more than \$100,000 a year. That is a good cut-off point. They will not give me that kind of cutoff for the welfare recipients in New York, but for the welfare farmers we propose let them keep getting cash subsidies if they make \$100,000 or less.

No, no, we put that on the floor and it was voted down. Where was the Rush Limbaugh statisticians to figure that one out when that amendment, cosponsored by myself, was voted down? We could save a lot of money if the farm subsidy program were just limited to people making \$100,000 or less. But this Congress would not tolerate that. It only got 47 the last time we put that on, 47 votes out of 435.

Americans had better engage in a dialog. There is a lot of waste in government, and the places where they will not touch it are the places we should all be looking.

Take a look at a recent report that was put out by the Center on Budget and Policy Priorities. The Center on Budget and Policy Priorities said congressional Republicans, I am quoting from the National Journal's Congress Daily, October 11, 1995, "if the Rush Limbaugh researchers want to track this," October 11, 1995, the National Journal's Congress Daily.

The Center on Budget and Policy Priorities said, "Congressional Republicans in their budget cutting fervor are giving corporate subsidies a free ride."

The study was based on the Congressional Budget Office report defining which Government programs or tax breaks constitute business subsidies and focus on tax appropriations and

reconciliation proposals passed so far in the House.

It found that for every dollar that this majority, Republican majority House, has reduced corporate subsidies provided by Government program, for every dollar they have reduced the House has increased corporate tax subsidiaries some other way by nearly the same amount, \$1. So addition and subtraction. Do not let the Republicans play games with us. They have reduced some of the corporate tax subsidies, but for every one that they have reduced in dollar value, they have given the same amount in some other way.

Therefore, a statement accompanying the study contended, "Congress is achieving an overall reduction of only \$6 billion, or less than 1 percent, in the \$724 billion in corporate subsidies the Federal Government is slated to provide over the next 7 years."

Let me read that again and put that down in this dialog that we have to participate in. Remember this figure that this Republican majority that is so intent on cutting Medicare by \$270 billion, this Republican majority is only willing to cut the corporate welfare by \$6 billion, which is less than 1 percent if we look at the total amount of \$724 billion that the Government is slated to provide to corporations over the next 7 years.

Herein is the problem. Not only must we cut defense programs, not only must we cut wasteful farm subsidies, weapon systems, and a CIA that is spending our money in a very excessive way; we must cut the subsidies that we are providing for corporations.

"This lack of progress," I am reading again from the report:

This lack of progress in reducing the overall level of corporate subsidies stands in sharp contrast to the deep cuts that Congress is making elsewhere in the budget. If overall corporate subsidies were to be cut to the same degree that the Congressional budget resolution targets programs other than defense and Social Security, they would be reducing \$122 billion over the next seven years out of the corporate subsidy budget.

Let me repeat the figures. These are figures we should put in our private database and remember as we go through the dialog about where America is going and what money and funding will be available for programs that are worthwhile for all the people. Understand that the corporations are refusing, the Congress is refusing to reduce the subsidy for corporations, which now would be \$724 billion over a 7-year period. They are refusing to reduce that in the same manner that they are reducing other nondefense programs. If they did that, we could save \$122 billion over the next 7 years.

Remember, as we listen to this dialog of the swindlers who want to take \$270 billion from Medicare and they want to end the entitlement for Medicaid totally, the heart of this whole process is remaking America, is the question of who will get the money.

Will the American majority, those in need, or the educational establishment in order to guarantee we have productive taxpayers in the future, will the places that will do the most for America be the recipients of the funds or will they give it to the Americans having the most, corporations making profits at a great booming rate? They are the ones who should be paying more; they are only paying 11 percent of the total tax burden, while families and individuals are paying 44 percent of the tax burden. Here is the time to correct it.

If the Republican majority were sincere, if the salesmen who tried to sell us the \$270 billion cut in Medicare as an effort to save Medicare, if they were to get to work on cutting the corporate subsidies, we would be able to lower the deficit at the same time, not make draconian cuts in Medicare, Medicaid, and education, and still go forward with a fair tax system. Raise the tax burden, eliminate the subsidies, have the corporations carry more of the burden. That is the answer.

Now, what will happen? They are going to make these draconian cuts and try to sell them to us by coming with a set of diversions. How will the Republicans try to get away with all this? How will they face senior citizens next fall at election time? How will they face the parents of children who have been deprived of lunches? How will they face the people who are sons or daughters of immigrants or people who are the fathers and mothers of immigrants, or people who are certainly immigrants themselves who have become American citizens? How will they get away with all this? The great massacre will be covered by diversions.

They will have arguments on gun control to divert the attention of people who care about guns away from the fact that they are being robbed of an opportunity to get an education or to have a job retraining program when they are laid off. Large numbers of people in the working class care a lot about guns. I am sorry they do. The great majority of American people, 80 percent, want some form of gun control, and they can certainly care about guns and agree to the sensibility of gun control, but, no, they will divert us. They will be talking about guns and the need to save America by having more freedom to use guns and less gun control.

They will be talking about the Voting Rights Act being a threat to Americans, that if we draw districts in a certain way, that is un-American. Odd shaped districts have been drawn since the history of the country by both parties, and America has never suffered.

They will be after the immigrants, yelling and screaming about the immigrants are causing the downfall of America. Well, immigrants have traditionally been a vital part of the Amer-

ican scene, and America is doing very well compared to most of the other industrial nations of the world.

They will talk about affirmative action, affirmative action and a colorblind society. Again, I have talked about that in the past. Affirmative action is necessary, to correct past wrongs. We had 232 years of slavery, the greatest crime in the history of humanity, 232 years of slavery in America, 100 years of brutal oppression following that 232 years of slavery. We cannot expect the African-American population as a group to make up for all that lost time.

There was a recent book on wealth, black and white in America, and one of the important conclusions of that book was that in terms of wealth versus wages African-Americans are coming closer and closer. Certainly middle class African-Americans who have an education are closer and closer to the wages of middle class whites, not the same but getting closer all the time. The gap has been closed over the past 10 years. Great advances have been made in terms of wages.

But when we look at wealth, and wealth means more than wages, it means ownership of assets, when we have a home, we have a car, we have stocks and bonds, when we look at wealth, the gap is wider than ever before between middle class African-Americans and middle class whites. Why? The biggest factor in wealth is inheritance. What is passed down from one generation to another is the biggest factor. The biggest factor of home ownership in America is the fact that the mothers and fathers are able to give a young couple the downpayment on a house. And the biggest body of wealth held by average Americans is in their homes.

So it is just common sense. If we had 232 years where your slave ancestors were passing nothing down, there was nothing they could pass down because they had nothing for 232 years, they are behind, and then 100 years of oppression after that where they had very little to pass down. Then they are not ever going to catch up, and nobody says they must catch up.

But understand, the great disparity that has been inflicted on African-Americans is because of slavery, because of slavery, the greatest crime in the history of humanity, the obliteration I call it. The obliteration. It was an attempt to obliterate the humanity, the soul, of a set of people so that those people would be a more efficient beast of burden. They would be more efficient in industry, mostly the agricultural industry, but efficient machines, efficient beasts of burden. It was an attempt to obliterate them and take away their humanity. Do not let them have families, do not treat them like human beings. Sell them as if they were commodities.

That great crime of slavery cannot be just ignored. It is a vital 232 years of American history, 232 years. I have talked about slavery before and people have gotten upset. I have talked about the great Atlantic crossing, the number of people lost, and the figures I used aroused Rush Limbaugh researchers, and I conceded the point that I had made a mistake, quoted in the New York Times, which itself was quoting a sort of folk history that is prevalent in the black history about the numbers. It is like Paul Bunyan exaggerating the numbers.

The fact is that millions were lost crossing the Atlantic in the slave trade. Millions were lost crossing the Atlantic, and millions were lost in the brutality of the slave industry in America.

If we want to quibble like some of the Nazis still want to quibble about the holocaust, it was not 6 million, they want to talk about 5½ million, or 4 million. If we want to quibble, go ahead, but I say to those who are interested in the conversation and the dialog, just mourn for the first million. Mourn for the first million. Everybody will concede there were at least a million lost crossing the Atlantic. Everybody will concede there were at least a million lost through the brutality of the slave trade in America.

In North America, the slave trade was kind compared to the slave trade in the Caribbean Islands and the slaves trade in Brazil and South America. The practice in Brazil and South America was to work the slaves until they worked them to death. They did not have breeding farms. They did not attempt to keep the slaves alive and get offspring from them like they did with their livestock. They just worked them to death and brought in more, so the numbers will never be known.

So anybody who thinks he can count the numbers of slaves that came into the New World by looking at British ships and British accounts and assuming this whole thing was organized and regulated is not naive; he is dishonest. We cannot regulate savings and loans and banks in America to keep them from swindling taxpayers. How do we think in those days there was any kind of real regulation of a slave trade that was pumping money into the coffers of some of the most respected people in the European nations?

So let us not quibble about the numbers, Rush Limbaugh and your researchers. Let us not quibble about the numbers. If we care about the subject, than just mourn for the first million. Mourn for the first million slaves who were treated like animals and died like animals. Mourn for all of those who were thrown into the breeding pens and forced to breed like animals. Mourn for all of those who died horrible deaths as a result of being under masters that wanted to work them to death. They

wanted as much as they could get out of them until they dropped dead. So there is plenty to mourn for.

Do not make a joke out of slavery. When we make a joke out of slavery, we are endangering ourselves. I think of your posterity, your children and your grandchildren, may not appreciate it. Do not make a joke of the greatest crime ever in the history of humanity, the attempt to obliterate the souls of millions of human beings.

We are not spectators, as I said before. We do not have to stand by and watch this diversion. This diversion is going to take place. Gun control, affirmative action, voting rights, immigrants, that diversion is going to take place. We know it will take place, so let us prepare ourselves. Let us get our allied forces together.

The constitution provides us with the weapon. We can demonstrate, we can petition, we can march. Do not sit and mourn about somebody else's march. Let us make our own march. The caring majority ought to be marching, the caring majority should get ready at every level. What I call manifestations of empowerment should be taking place at every level all across America.

What is a manifestation of empowerment? It is an action like the one I just proposed for Wednesday, November 15. Come out, wherever you are, and go to a public school. Let it be known we care about education. That is a manifestation of empowerment.

In every way the health care problem is not just a national problem. They are threatening to sell the hospitals in New York City. Some of the best hospitals in the world that have great reputations, that have served people for several generations are now to be sold and made into private hospitals. So we are saying in New York come out on a given Sunday, let us have hospital appreciation Sunday. Let all the churches bring their congregations from church to the hospitals and let us surround them and let it be known that people care about their hospitals, people care about health care in various ways in cities, in towns. Get people to moving and doing things. We cannot wait until November 1996 and think we can deal with the problem then. Get people moving now.

Mr. Speaker, this is nothing new. I have an action paper, which I call "The Third Force." It is a draft paper, and I may change the name and call it "The Caring Majority Agenda," but I put it out in June and I have circulated it to colleagues of mine in the Congress and in the Congressional Black Caucus, and to members of the Progressive Caucus, I have circulated it to labor leaders and other elected firms and I have said we have to get moving. We cannot wait until November 1996, let us move now. I will quote from my action paper.

Republican arrogance and impatience have clearly framed the parameters of the battle-

ground. The issues and causes around which we must mobilize are clearer now than ever before. The questions are: Is the United States of America a nation of the rich and powerful only? Shall the great majority of the population remain immobile while it is reduced to a status of urban servants or suburban peasants? Shall the resources of the richest Nation that has ever existed in the history of the world be used primarily to benefit an oppressive elite minority? Or shall public policies be shaped to share our real wealth and spread the benefits of our collective labor, our hard won peace, and the exploding advances of our technologies? Shall we share it for everybody?

The oppressive elite majority presently in charge of the Congress has thrown down the gauntlet. An assumption has been made that the majority vote in the Congress and the financial contributors to these Members of Congress are the only ones who have the real power to decide the basic questions facing our Nation.

A mistaken assumption has been made that until 1996, only the votes on the floor of Congress shall decide the fate of America as it moves towards the year 2000. It is a sacred duty of the caring majority to demonstrate that Americans do not have to sit idly by as spectators while their elected officials wreck their democracy. The ballot box on election day is a primary instrument, however, it is not the only means toward the end of freedom and justice for all.

The people have a right to intervene. To save our Nation we must interpose or creative political energies and our individual bodies to halt the onslaught by a merciless set of hightech barbarians who have misinterpreted their election by an oppressive elite minority as a mandate to tyrannize the caring majority.

The caring majority must rise to defend itself. To lead the crusade to save America, we need a caring majority agenda. From coast to coast, in every one of the 435 Congressional districts, we need citizen activists to insist that they are ready to fight intensely to save their Nation from catastrophe. This caring majority force needs ordinary people willing to participate in a national master plan for justice. We need legions recruited from among those who suffer as a result of the current oppression, which is imposed by the oppressive elite minority, and we need legions from among those who are not suffering but who understand the inevitable destructive path of the present blitzkrieg to remake the American government in the wrong direction.

The primary weapons to be employed for all strategies and tactics of the caring majority should be nonviolent weapons. A lapse into violence against the entrenched establishment automatically guarantees defeat. Nonviolent direct action employed in conjunction with clear sets of demands shall be the operating rule of the caring majority. Massive nonviolent direct actions and coordinated simultaneous other actions are what are necessary to carry the caring majority forward.

Now, Mr. Speaker, I am just reading portions of an action paper that I put out in June. I am still waiting for comments from key people. I also have a timetable here. I have an agenda, a partial agenda, that was proposed to the Congressional Black Caucus. About 3 weeks ago, I said the Congressional Black Caucus should endorse groups that support its agenda. The Congressional Black Caucus should put out an

agenda and have groups march to support that agenda, and that agenda should be the caring majority agenda, an agenda for everybody to strongly urge all concerned groups to lobby, demonstrate, petition, write letters, and march in these critical days ahead when the President will be negotiating with the Republican-controlled Congress to save the Nation from devastating budget cuts.

First on the agenda is to fight aggressive racist attacks in all forms. Fight the attacks on affirmative action. Fight the attacks on school desegregation, on set-asides, and the Voting Rights Act. Fight government and unofficial acts which encourage sexism, antisemitism, homophobia, immigrant persecution or denial of basic rights to any groups.

No. 1 on the agenda must be a fight against any racism, any divisiveness. We need to build allies. We need to come all together and understand that America should be America for everybody and we cannot have separations in the process of the fighting. Otherwise, we play into the hands of those who are in the elite minority profiting from those divisions.

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Fight for education as a national opportunity. Fight for education as a national priority. The opportunity for an education must remain a national priority. Fight to stop all cuts in Medicaid as well as Medicare. This Nation still needs a national health insurance program with universal coverage. Fight to stop those cuts. Fight to stop the taking away of the Medicaid entitlement. Fight to end the monstrous cuts in the HUD programs for low income housing. Fight to support the retention of adequate wages and pensions for the military, Federal workers and other public service workers.

Fight to increase the minimum wage. The Republican majority said they will not entertain any dialog on increasing the minimum wage. One hundred American economists have said we need an increase in the minimum wage. The only way you can have workers keep pace with what has happened is to increase the minimum wage. All we are proposing in the Gephardt bill, which I am a cosponsor of, is a measly 45-cent increase in two steps, a 90-cent increase in the minimum wage.

The Republican majority says they will not entertain any discussions of any increase in the minimum wage.

So we need to fight to increase the minimum wage. We need to fight to guarantee the right to organize unions in the worker replacement provisions. To end striker replacement, we have to first support President Clinton's Executive order. We need to fight to maintain health and safety conditions in the workplace. There has been a fight on the Occupational Safety and Health

Administration [OSHA]. We need to fight that.

We need to fight for cuts in the defense budget, those cuts that will downsize the budget and generate the money to fund the programs needed. We need to fight for an increase in foreign aid to Africa, Caribbean, Haiti. Haiti was one of our proudest moments in our foreign policy. The anniversary of the liberation of Haiti will take place shortly. We should take note of the fact it was a shining hour, a great moment, for American foreign policy.

We need to fight for an increase in the funds for youth crime prevention program. The majority has eliminated this program. We need to fight for an increase in those programs and a decrease in the prison funds to build prisons.

We need to fight and unite with the caring majority for the retention of Social Security as it is now. They are chipping away at Social Security. Do not believe what you hear. Stop moving the age requirement back. Stop tampering with the COLA's. This is an agenda for the caring majority. You need to move on an agenda that is focused.

I have a timetable. You need to have actions in your localities, in your States. You need to do things. Americans are not spectators. We are not put in that spectator role. Actions at the local level, make allies, all races, all sexes, all religions. And finally we need an action in Washington.

The whole culmination of this activity should take place in Washington. Washington is the place, Washington is the key. What happens here sends out signals. It determines the way things are going to go in the States and in the cities. Washington does not provide all the money for our cities and local government, but they set the tone. So, therefore, at some time on this agenda, the climax has to be the caring majority with its agenda has to come to Washington in millions. The caring majority has to come.

I propose next spring, the anniversary of Tiananmen Square in China, why don't we come together and work toward it between now and next June? Tiananmen Square in China took place in the first week of June. Tiananmen Square I offer because it is so important to note the fact that a totalitarian government of China could not resist, could not stop the flow of information out from Tiananmen Square to the rest of the world. When you get that many people together with determination, they built statutes of liberty, the media was there. The media tends to try to ignore the caring majority agenda. You cannot get the same exposure for the caring majority agenda that you get for the Republican health care plan.

So a Tiananmen Square type operation, have a million people come to-

gether on the mall. You have an agenda. There is no question why you are there. Come together to confront the Congress, confront the White House. What we need most of all is direction for our Government. Let us plan to do it. You are not spectators in America. You have the right to get up and move. Let us use our right and let us make certain that the remaking of America does not take place while we are sitting on the sidelines. Troops, get ready. The march you make will be to save your own soul and your own nation.

THE TRUTH ON MEDICARE

The SPEAKER pro tempore. Under the Speaker's announced policy of May 12, 1995, the gentleman from Ohio [Mr. HOKE] is recognized for 60 minutes as the designee of the majority leader.

Mr. HOKE. Mr. Speaker, we have an off day today, and I thought that I would take advantage of the opportunity to both respond to some of the charges made with respect to Medicare and then probably, more importantly, talk about exactly what it is that we are going to be marking up next week with respect to a really very, very needed reform of the Medicare program in America.

I wanted to talk particularly to the senior citizens today, Mr. Speaker, because I know that there is a great deal of anxiety and concern and some confusion as well. My gosh, if I were watching this debate on a day-to-day basis at home and trying to ferret out the truth from the confusion, I think it would be a tremendous challenge.

So what I would like to do is, first of all, think about the one charge that has been raised on a daily basis with respect to Medicare by the minority party, and then go into the actual details of what we are going to do.

What we have heard here on the floor on a regular basis is that Medicare is going to be slashed by \$270 billion over the next 7 years in order to pay for tax cuts for the rich. I would like to take that apart on a piece-by-piece basis and show that it is completely untrue. I would like to do it from the back end, because I think that the tax cuts for the rich is probably the kind of class warfare that turns one off, but has a kind of a hook. It is sort of like pornography. You know, people are offended by it, and they recognize that they are hearing something that is wrong and that there is something fundamentally wrong about it; but, at the same time, there is something attractive about it, because it seems as though there is a hook there.

Well, the hook of class warfare is it is an ugly hook, and it is a hook that basically says we should not aspire. It assumes that people do not want to aspire to the American dream and they

do not want to aspire to be able to actually improve their position materially for themselves and for their families.

The fact is that with respect to the tax cut, it has absolutely nothing to do, nothing whatsoever, to do with Medicare. It has nothing to do with anything other than a tax cut. And the Medicare trust fund, which is the part A trust fund, is not affected by whether we raise taxes or whether we lower taxes.

The Medicare trust fund is actually funded by the 1.45 percent payroll tax that comes from people who have earned income, workers, employees, and employers. Anybody that has earned income gets taxed at 1.45 percent, the worker, the employee, plus another 1.45 percent on the employer. And there is no limit on what that amount of money can be. There used to be a cap. You know, the first \$60,000 or so of income is subject to the Social Security tax, and that that is what funds Social Security. But there is a ceiling on that, and the ceiling is the first \$60,000. There is no ceiling on the amount of money that is taxed for Medicare at this 1.45 percent amount.

All of that money goes into part A of the Medicare trust fund and it is part A of the Medicare trust fund, it is that HI, health insurance trust fund, that is going bankrupt.

I have some charts here. The reason we know it is going bankrupt is that the trustees of the trust fund are required by law to make a report to the President on an annual basis, to talk about and describe the actual status of the fund, of the trust fund themselves.

By the way, this is not a partisan group or political group. If it is political, it is partisan in terms of being members of the party of the President, whoever the President happens to be. In this case three of the members, three of the trustees are Robert Reich, the Secretary of Labor, Donna Shalala, the Secretary of Health and Human Services, and Bob Rubin, the Secretary of the Treasury. In addition, there is the Commissioner of the Social Security Administration and two private sector trustees. They all sign this report. They say, and this was dated April 3, 1995, the fund is projected to be exhausted in 2001. That is under the worst case scenario. Under the middle case scenario it is projected to be exhausted in 2002.

Now, the money that goes into this fund, and this is the important point, the only money that goes into that fund comes from the 1.45 percent payroll tax that is paid by workers, working people in this country. That is where the part A trust fund revenues come from. They do not come from tax revenue.

We could have an increase and make a marginal rate of 70 percent, and not one more dollar would go into part A of

the Medicare trust fund. That is what is going bankrupt.

You can see right here the trust fund reserves. Right now there is actually about \$150 billion in the trust fund. This is a chart that is reproduced from that same April 3, 1995, annual report of the health insurance trustees. By the way, anybody that wants a copy of that report, they are available from your congressional office. If you simply call the Capitol switchboard and ask for your Congressman and talk to their legislative assistant that deals with health care, ask them to send you a copy of the trustee's report on the HI trust fund dated April 3, 1995. There is a 14-page summary of it. If you call 202-225-3121 and ask for a copy of it, they will give you the full copy. It is well written, plainly written, and it is not a partisan document. It simply describes what is going on with this program.

Anyway, this is a chart reproduced from that report. It shows you very clearly that starting in 1996, the fund actually is paying out more than it takes in. In other words, it is paying out more to hospitals and doctors than it is taking in in revenue in that 1.45-percent amount. As you can see, you get to zero in about the year 2002, where there is nothing left whatsoever in the fund. Once there is no money in the fund, there is no money to pay. Without a change in the law or a change in the tax rate, that money is exhausted, and it is all over for the payments.

That is why the trustees in their report are so strong and so clear about saying Congress has got to act. Congress has got to do something to protect this fund if we are going to have Medicare in the future. And there has got to be a resolution brought, or we are going to be completely without health care for senior citizens with respect to the part A.

So that is what the point is. The point is that the tax issue, this issue of raising or lowering taxes for the rich has absolutely nothing to do with Medicare part A. Not one penny.

Now, let us look at the charge with respect to this idea that the cut goes to the rich. What did we do in August 1993 in this body? I was a freshman Congressman at the time and I remember it vividly. What we did is we passed the greatest, the largest tax increase in the history of our country. One of the things that we did in that tax increase is that we increased the highest marginal rate, first of all to 36 percent, and then we put a 10 percent "millionaire's surcharge" on top of that, so that people that have income of more than \$1 million would have an additional surtax of 10 percent. So the top marginal rate right now in the United States is 39.6 percent.

Well, there are a lot of people who think that that is bad policy. There are

a lot of economists that will tell you when you increase the marginal tax rate at the top, you are not going to actually increase revenue. What you will find is people's behaviors will change. I think that those people are correct.

But the fact is that that change in the law was made in August 1993, and it is still the law, and this Congress has not done anything and does not intend to do anything and is not going to do anything to change that law, to repeal that, to come back and repeal that 10-percent surtax that was added on.

Now, if this Congress, if the majority party, the Republican Party, wanted in fact to give a tax cut to the rich, would not the first place to go be to repeal the add-on, that surcharge that was made into law in August 1993? It seems to me that is where we would go. But there has been no talk of that. Of course, there has been no talk of that.

But what we have done is created a tax break to give relief to middle-income families. Over 75 percent of the tax relief in the tax cut package that is part of the Contract With America goes to families making less than \$75,000 per year. The tax break goes to families, and it goes to working families. It goes to that group of people in America who are shouldering the greatest amount of the tax burden, and it tries to bring some tax equity so it is easier to raise a family in the United States.

Let us go to the first part of the catchism that you hear so frequently in the Chamber, and that is that we are slashing Medicare by \$270 billion.

Well, how is it possible? The real problem in Washington, and probably the greatest change that we made in this Congress, the most important change and one that rarely gets talked about because it is a subtle change, but it will have more to do with giving the truth, telling the truth to the American people about the money that is spent in the U.S. Congress, their tax dollars, is this change away from what is known as baseline budgeting.

Basically baseline budgeting is a kind of phony accounting system that is used nowhere in this country except right here with the Federal Government. What it does is it says that we predict that we should be spending x number of dollars in 1996 while we are spending a number of dollars in 1995. We think that in 1996 we will probably be spending this amount of money, and because that is what we think we should be spending, then if we spend less than that, that is a cut.

Let us make it in real terms. If we spent in 1995 \$175 billion on a program, and the Congressional Budget Office says that they think we are going to spend \$200 billion in the program in 1996, but the Congress says well, no, we don't think we need to spend \$200 billion, we think we can do the same job

or a better job for \$185 billion, well, according to the CBO, that used to be, before we changed the law on this, that used to be known as a \$15 billion cut, even though we were spending \$25 billion more in 1996 than we spent in 1995.

Nowhere else in America, nowhere else in America, is that a cut, only right here in Washington. The problem with it is that it confuses the public. It confuses the voters and makes it very, very difficult for voters to make real choices about whom they want to represent them in the U.S. Congress or the U.S. Senate or in the White House.

What we have done this year, the very first day of the Congress, and then we memorialized it again in some other budget language that came out with the first budget resolution, is we have changed the law, so that now when we talk about spending for 1996 and the numbers that are in this budget, the numbers that are in this 7-year budget that go out to 2002 are not based on predictions of what we should or could or might be spending in the future.

They are based on what we spent in 1995, the same way that you do your accounting at home, the same way that companies all over this country do their accounting. It means that, if you spent \$150 a month, if a person in a family spent \$150 a month on utilities in 1995, and they spend \$160 a month on utilities in 1996, that is a \$10-per-month increase. That is how much it is. And we are going to use the same language right here in the U.S. Congress that everybody else is using in this country.

Well, let us see what that means. What it means is that we, under the Medicare proposal that will be debated on the floor next week, that has been a subject of many, many hearings in the past 2 years actually, and over this summer we will be spending twice as much, twice as much on Medicare in the next 7 years than we spent in the previous 7 years.

To make it more close to home, we will be spending \$4,800, we are spending right now \$4,800 per beneficiary per year right now. That is going to \$6,700 per beneficiary in the year 2002. By the way, does it take into account the predictions on demographic changes in terms of new enrollees? Because we know that more and more we are having increasing enrollment in Medicare as we have an aging of our population.

So what we know is we are going from \$4,800 per beneficiary per year, that is about \$400 per month, up to \$6,700 per beneficiary per year in the year 2002.

Now, if that is a cut, where is the cut? How is that a cut? Could somebody please explain to me how that could possibly be called a cut? It is about a 35-percent increase in spending per beneficiary.

All right. So let us start with those basics. We have \$4,800 a year going up to \$6,700. Obviously we are increasing

the amount of money to be spent on Medicare. The real question is, A, can we provide health care for every senior citizen in this country over the age of 65 for that amount of money? And, B, can we do maybe a better job than the traditional fee-for-service medicine which has been the hallmark and only way we have distributed Medicare up until very, very recently?

We have done some pilot programs with managed care models around the country now with Medicare. But up until recently, the only kind of medical services that were available under Medicare was traditional fee for service.

I happen to think that traditional fee for service is a heck of a good way to deliver medical services. But there is a problem when nobody is minding the cost factor, when nobody is paying attention to how much it costs. Let us face it: If the Government is paying for all of it, then the patient does not particularly care about it. If the Government is not being vigilant about what things are costing and whether or not the bills they are getting are real bills and ought to be paid, then you have got terrible problems. That is the situation that we have come into with respect to Medicare now.

In fact, we found out from the Director of the Congressional Budget Office at hearings in 1994 that they believe 15 to 20 percent of all of the money that the Health Care Finance Administration pays out is in fraudulent claims. Can you imagine that? Fifteen to twenty percent of that money? That is stunning. And what we have done in the Medicare reform proposal that we will be voting on, and I believe passing next week in this Chamber, is we have put together an 11-point program to ferret out for the very first time, to genuinely and honestly and aggressively and with a very tough program, get at waste, fraud and abuse in Medicare, and particularly fraud.

What are we going to do? The first thing we are going to do is make the 35 million beneficiaries, Medicare recipients, we are going to make out of them, we are going to make 35 million watchdogs of the Federal Treasury. And they are going to be given, every single beneficiary will be given a financial incentive to actually look at the bills, to ferret out the mistakes, to find out if it is a bona fide bill or not a bona fide bill.

Every single Member of this Congress, I guarantee you, has been told stories by his or her constituents at home about specific examples of over-billing, weird examples of billing that goes on months after a person has passed away, double billings, billings for procedures that have not been actually performed, billings for procedures that were performed but then were re-billed several days later.

There are more horror stories about the fraud and abuse. You can under-

stand that, when you see that, up to 20 percent of all of the money that is spent on medical costs under Medicare is believed to be fraudulent.

So we have put together, there is going to be a Commission that will specifically look at private sector methods, because I can tell you in the State of Ohio, where I come from, that the Blue Cross/Blue Shield plans in northeastern Ohio realized there was a terrible problem with fraud. They got onto this about 8 or 10 years ago, and they went after the problem. They decided they were going to solve this problem.

What did they do? They contracted with people that ferret out fraud and abuse in the private sector. Think about it for a second. We had a shoplifting problem in this country up until a number of years ago, before the big companies figured out how to get a handle, really get a handle, on shoplifting as an overall problem.

Now we know that, if somebody goes into a place like a K-Mart or a Sears, they are not going to be able to get out of there stealing things. Why not? Because large retailers decided they were going to do something about this problem and they were going to get at it and solve it and were not going to allow it to affect their bottom line and affect the way they do business.

That is exactly what insurance companies have done around the country, and that certainly is what Blue Cross and Blue Shield of northeastern Ohio has done. They have gotten at that problem. That is exactly what we are going to do with respect to Medicare. We are going to get at that problem. The first way that we do it is with making 35 million Medicare recipients watchdogs of the Federal Treasury.

Ms. DELAURO. Mr. Chairman, will the gentleman yield?

Mr. HOKE. I yield to the gentleman from Connecticut.

Ms. DELAURO. I thank my colleague for yielding.

I just wanted to address a point. I was in my office doing work and listening at the same time as we all do, and noted your commentary with regard to the trustees and the Medicare Trust Fund. I wanted to take this opportunity.

Mr. HOKE. I would be happy to yield for a question or a comment, not a long speech.

Ms. DELAURO. I will be quick. The point is in fact I think there is some misrepresentation of what the trustees have said. I will quote from the September letter from the trustees addressed to the Speaker and to the majority leader.

The trustees have said, because I know that that is a read on which my colleague has hung his commentary and his colleagues have hung the commentary. And this is a quote from the trustees, from really actually the Secretary of the Treasury, Mr. Bob Rubin,

a Wall Street business person before he came to this position. Simply said, no Member of Congress should vote for \$270 billion in Medicare cuts believing that reductions of this size have been recommended by the Medicare trustees or that such reductions are needed now to prevent an imminent funding crisis. That would be factually incorrect.

I just might add the trustees in fact did say that \$90 billion was more in the nature of what was needed over a period of time to look at the solvency issue. And to that end, in the Committee on Ways and Means this week, our Democratic colleagues offered a specific amendment that talked about a \$90 billion savings over the next 7 years to deal with the solvency problem to the year 2006.

That was defeated by the Republicans. The question is, if \$90 billion is what the trustees have said is necessary and we want to hang our hat on what the trustees have said, then what happens to the additional \$180 billion? You cannot rely on the trustees on the one hand to talk about what they have said that we need to do for the solvency, and then discount what they say when they say it is not \$270 billion, but in fact it is \$90 billion.

In response to the cry that the Democrats have not had a plan or proposal, in fact and in deed there was an amendment in the Committee on Ways and Means for \$90 billion. In addition, a commission was set up that would deal with the longer solvency problem, what has to do with baby boomers, a bipartisan commission set up down the line. That was defeated. You have to represent the entire situation rather than just wanting to use the trustees as it might satisfy your point.

Mr. HOKE. Reclaiming my time, I will respond to that.

Ms. DELAURO. Mr. Speaker, I would like to put in the RECORD the op ed that was written by the trustees in response to this issue and talking about \$270 billion being factually incorrect.

[From the Houston Chronicle, Sept. 5, 1995]

IT'S NOT NECESSARY TO CUT MEDICARE BENEFITS

(By Robert E. Rubin, Donna E. Shalala, Robert B. Reich, and Shirley S. Chater)

The United States is involved in a serious examination of the status and future of Medicare. Congressional Republicans have called for \$270 billion in cuts over the next seven years, claiming that Medicare is facing a sudden and unprecedented financial crisis that President Clinton has not dealt with, and all of the majority's cuts are necessary to avert it.

While there is a need to address the financial stability of Medicare, the congressional majority's claims are simply mistaken. As trustees of the Part A Medicare Trust Fund which is the subject of the current debate, and authors of an annual report that regrettably has been used to distort the facts, we would like to set the record straight.

Concerns about the solvency of the Medicare Part A Trust Fund are not new. The solvency of the trust fund is of utmost concern

to us all. Each year, the Medicare trustees undertake an examination to determine its short-term and long-term financial health. The most recent report notes that the trust fund is expected to run dry by 2002. While everyone agrees that we must take action to make sure it has adequate resources, the claim that the fund is in a sudden crisis is unfounded.

The Medicare trustees have nine times warned that the trust fund would be insolvent within seven years. On each of those occasions, the sitting president and members of Congress from both political parties took appropriate action to strengthen the fund.

Far from being a sudden crisis, the situation has improved over the past few years. When President Clinton took office in 1993, the Medicare trustees predicted the fund would be exhausted in six years. The president offered a package of reforms to push back that date by three years and the Democrats in Congress passed the plan. In 1994, the president proposed a health reform plan that would have strengthened the fund for an additional five years.

So what has caused some members of Congress to become concerned about the fund? Certainly not the facts in this year's Trustees Report that these members continually cite.

The report found that predictions about the solvency of the fund had improved by a year. The only thing that has really changed is the political needs of those who are hoping to use major Medicare cuts for other purposes.

President Clinton has presented a plan to extend the fund's life. Remarkably, some in Congress have said that the president has no plan to address the Medicare Trust Fund issue. But he most certainly does. Under the president's balanced budget plan, payments from the trust fund would be reduced by \$89 billion over the next seven years to ensure that Medicare benefits would be covered through October 2006—11 years from now.

The congressional majority's Medicare cuts are excessive; it is not necessary to cut benefits to ensure the fund's solvency. The congressional majority says that all of its proposed \$270 billion in Medicare cuts over seven years are necessary. Certainly, some of those savings would help shore up the fund, just as in the president's plan. But a substantial part of the cuts the Republicans seek—at least \$100 billion—would seriously hurt senior citizens without contributing one penny to the fund. None of those savings (taken out of what is called Medicare Part B, which basically covers visits to the doctor) would go to the Part A Trust Fund (which mostly covers hospital stays). As a result, those cuts would not extend the life of the trust fund by one day.

And those Part B cuts would come out of the pockets of Medicare beneficiaries, who might have to pay an average of \$1,650 per person or \$3,300 per couple more over seven years in premiums alone. Total out-of-pocket costs could increase by an average of \$2,825 per person or \$5,650 per couple over seven years. According to a new study by the Department of Health and Human Services, these increases would effectively push at least half a million senior citizens into poverty and dramatically increase the health-care burden on all older and disabled Americans and their families. The president's plan, by contrast, protects Medicare beneficiaries from any new cost increases.

As Medicare trustees, we are responsible for making sure that the program continues to be there for our parents and grandparents as well as for our children and grandchildren.

The president's balanced budget plan shows that we can address the short-term problems without taking thousands of dollars out of peoples' pockets; that would give us a chance to work on a long-term plan to preserve Medicare's financial health as the baby boom generation ages. By doing that, we can preserve the Medicare Trust Fund without losing the trust of older Americans.

Mr. HOKE. I think it is really remarkable that what had been a completely unpoliticized document, that is, the trustees report of April 3, 1995, when that document was actually scrutinized and read with great interest by the American people and by Members of Congress and was used on this floor to bring to the attention of the American people the very calamitous situation that Medicare finds itself in, that that, all of a sudden, the trustees—it is not the trustees, it is one Mr. Robert Rubin who has written this letter claiming that—

Ms. DELAURO. Secretary of the Treasury, Wall Street business person—

Mr. HOKE. Who has written this letter now in a very, very political way. He has decided to jump in politically because he sees that apparently the President's approach to this, which had been, frankly, very evenhanded, which had recognized that, yes, there clearly is a problem with respect to Medicare, Medicare has got to be fixed. We have got to step up to the plate and fix this problem.

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The President apparently has been more recently, in the past month, or even less, 3 or 4 weeks, he has been persuaded by Democrat leadership in the House that political points can be scored by repeating this mantra of slashing Medicare in order to pay for tax cuts for the rich. I think that that is bad politics. It certainly is bad policy, and I am not going to yield more time at this point.

Ms. DELAURO. Mr. Speaker, I thank the gentleman for the time that he did yield.

Mr. HOKE. Mr. Speaker, the gentleman is very welcome.

With respect to the \$90 billion cuts that were actually suggested by Democrats in the Committee on Ways and Means, I do not know if those were \$90 billion scored that way by the CBO or if they would have been scored higher. The fact is the cuts the President talked about of about \$135 or \$140 billion were scored by CBO at about \$190 billion.

The truth is that every reasonable person in this body, every responsible person who has examined the situation, every responsible person in the administration, every person who is looking at it in a dispassionate and temperate way, not for political gain, not for political purposes but for the purposes of preserving, protecting and improving Medicare not just for this generation

but also for the next generation, has concluded without question that we have to fix the problem.

We believe that we cannot only fix the problem, that is the impending problem of bankruptcy, but we can offer so much more to senior citizens in terms of what will be available for them under choices that they ought to have as senior citizens that are available to other people in the country as well.

Let us look at, first of all, the managed care option, because I think it is an interesting and a good option. The truth is there will be a lot of senior citizens who will be interested in it because it is going to offer them more care for less money. Let us face it, it will be less expensive for them. At the same time, in order to qualify, they would have to be part of an "HMO" or health maintenance organization, a managed care plan.

What does that mean? It means that you go through somebody who decides whether or not you are going to see a physician at a particular time for a particular ailment.

What I have found is that senior citizens who can sign up with an HMO that has, as one of the physician members in the HMO, if the senior citizen's physician is already in the HMO, then that HMO becomes very attractive to the senior citizen. If that senior citizen's physician is not in the HMO, then they are not particularly interested.

It is also apparent that the older the senior citizen, the less attractive any kind of change to an HMO becomes. That is why it is very, very important that senior citizens be reminded by me and by others that the first option that they have with Medicare Plus is to stay in traditional fee-for-service medicine, exactly the way that it is today. If what they opt for is to stay in the Medicare Program, the traditional fee-for-service Medicare Program as it is today, with exactly the same copayments, with exactly the same deductibles, and with exactly the same part B premium, they can do that. That is available to them. They can do that.

What is also to be available to them are a number of other choices that emulate and resemble choices that are available in the private sector to citizens in the United States today. Let us talk about this HMO, because I think it will be an option that will be attractive to some senior citizens.

The reason is that what will happen, I believe, and what can happen under the plan, and what has happened in other States already, where they have piloted this, particularly in Florida, and there are two HMO's in north-eastern Ohio, Medicare HMO's, is that, at least in Florida, already you can join a Medicare HMO and you can have full prescription drug coverage. That is not true under traditional fee-for-serv-

ice Medicare. But it is true under Medicare HMO's that are being run in Florida right now.

I think it will probably be even more true in the rest of the country when there is a lot more competition. Because if there are 8 or 10 or 12 or 15 HMO's competing for Medicare senior citizens to be in their plan, what you will find is that they will find ways to do it better for less money and they will offer greater services.

But the marketplace will be working and the marketplace will work very aggressively. I think it would be reasonable to assume that there will be plans that will offer complete coverage for prescription drugs, complete coverage for eyewear, complete coverage for chiropractic, and additional coverages for maybe psychiatric or other things that are not covered fully under Medicare today.

Why will that happen? Because the marketplace will be at work, and it will be working to make the delivery of services more efficient.

I have to tell you that personally, from my own personal point of view, HMO's are not the delivery service of choice or delivery system of choice. I think they are decidedly, frankly, un-Republican, in the sense that they are top down. They are driven from the top and are bureaucratic.

I would think they would be much more attractive to my friends and colleagues on the other side of the aisle. In fact, they have been in the past, and it was a big part of what the President was talking about in terms of mandating people to get into in the 1993 health reform that was so soundly rejected by the American public.

In any event, there are HMO's that exist today. A substantial number of American citizens are covered by HMO's in the private sector, and people tend to have varying degrees of satisfaction with them, I suppose. The one that I like is the plan that is a medical savings account, a Medisave account, plus a high dollar catastrophic, high deductible catastrophic insurance policy.

I think this will be tremendously popular with some senior citizens, not all senior citizens. Remember again, this is another option that senior citizens will have. They can stay in traditional fee-for-service medicine, Medicare. They can get into a Medicare HMO, or they could opt for a medical savings account.

Let us talk about what a medical savings account does, because I think there has been a lot of talk about it but not a lot of understanding. Medical savings accounts allow you to purchase catastrophic illness insurance guarding against extraordinary costs and then deposit money into an MSA, a medical savings account, to cover the routine costs. The difference between the MSA level and the insurance policy's deduct-

ible would be certainly less than what today's seniors pay for so-called medigap policies.

I will give you an exact example of how this works so it will make more sense to you. Right now we do not really have health insurance in this country, we have more like what is prepaid health care. In other words, we pay on a monthly basis to cover a whole slew of things that we know will go wrong.

It would be as though you were paying on a monthly basis to have your brakes realigned, your oil changed regularly, and your shocks and tires rotated. We know there are certain things that we are going to experience in terms of our needs, our health care needs. But what insurance is supposed to do, real insurance is supposed to protect individuals against unaffordable losses due to unforeseen circumstance. That is what insurance is supposed to do. It is supposed to create a pool of money that allows us to share the risk, the real risk of having unforeseen things happen to us that are calamitous and that we cannot afford.

That is what insurance is supposed to do. Specifically, what it really does is it allows you to sleep at night so that you know if you have some problem you cannot get wiped out as a result of that.

Well, what the Medisave plan does is it goes back to the real theory, the underlying theory of insurance with a high deductible policy. Let us say that the first \$3,000 is the amount of the deductible. It would be like if you had a car insurance policy where the first \$3,000 of damages would have to come out of pocket. Instead of having to come out pocket, that first \$3,000 would be in a Medisave account.

Where does the money come from? Well, let us go back to how much we are spending right now per beneficiary per year. We are spending \$4,800; the Federal Treasury, through the Medicare trust fund, is spending \$4,800 per beneficiary per year. That money, that \$4,800 would be divided up between a medical savings account, money placed in a medical savings account, or buying a high deductible insurance policy.

The money that is in the medical savings account, plus money that the beneficiary, him or herself, could put in that account. Presumably, that would be the money that a senior citizen is now paying for medigap insurance. Most senior citizens buy medigap insurance to cover the amount that is not covered by Medicare, that money they could use in that medical savings account up to the amount of the deductible.

Now, if they use it, that is great. If they need it, that is great. It gets used up, and then after that, the insurance company takes over. If they do not, at the end of the year, who does that money belong to? Does it belong to the

insurance company? No. Does it go back to the Government? No. It belongs to the senior citizen. What is the point of all this? The point of this is to give incentives to the individual who is getting the care. The point is to actually create consumer motivation on the part of the patient, the beneficiary, the Medicare beneficiary.

What does it mean? It means that that beneficiary is going to be making the same kind of cost conscious consumer decisions in the purchase of their health care that they make in every other area of their lives, whether it has to do with housing, or whether it has to do with clothing, whether it has to do with food. And they are going to become cost-conscious consumers of health care as well.

Now, a lot of people say, well, that is ridiculous; that is not the way it works. People do not make good decisions with respect to health care based on cost. I will give you a couple of examples of things that have to do with health care where people do and where it has been extraordinarily successful.

First of all, and I know that this will, Mr. Speaker, apply to many, many people who hear this, it has to do with eyewear. The fact is that eyewear is not something covered either by Medicare or, by and large, by private insurance. What have we seen in the area of eyewear where we do not have third party payers but in fact we have consumers purchasing the product? What we see is the following: You can get your eyes checked and you can have your eyes examined by any of three different people with levels of education and expertise. You can go to an optometrist, an optician, or an ophthalmologist at different levels of education and expertise and different costs. You can go to any mall in this country and actually have your eyes checked and a prescription filled the same day. So there is tremendous consumer availability.

Not only that, but we have seen the prices of glasses on an inflation-adjusted basis remain flat for the past 25, 30 years. We have seen the prices of contact lenses come down dramatically over the same period of time. So, clearly, consumer forces work in the medical area.

They also work with respect to dental services, which are largely not paid for by insurance companies. They even work in the area of pharmaceutical supplies and prescription drugs, which also are in many cases not covered by insurance. They are not covered by traditional fee-for-service Medicare, although they are covered in some Medicare HMO plans.

What does this mean? It means that you have seen the proliferation of generic drugs and of discount programs and drugs by mail, and the market has responded to bring those prices down. There are other things that push drug

prices up, such as liability issues and the difficulty of getting drugs to market in this country because of FDA hurdles that are overwrought and too high. But, in any event, the point is that consumer forces can work in the health care area, and medical savings accounts will offer senior citizens the opportunity to make choices themselves, manage their own health care, and actually become the drivers and be in the driver's seat when it comes to making health care choices. So that is another choice.

The point of this is the plan that we are going to vote on next week is going to do a number of important things. No. 1, is will take us out of the 1960's with respect to the delivery of health care to senior citizens. It will preserve the traditional fee-for-service Medicare for seniors that want it, but it will also give them a number of other choices, including managed care plans, including medical savings accounts, including some other things that I have not discussed with you that are a little bit more complex. But it will give a range of choices that will be available.

What will it do with respect to the spending? It will increase the spending from \$4,800 per year to \$6,700 per year. What does that mean over that period of time? It means we are going to spend twice as much on Medicare in the next 7 years than we have spent in the previous 7 years. It also means that we are going to increase the spending on an annual basis of about 6.5 percent per year. In other words, we are increasing 6.5 percent per year on average from 1995 to 2002.

What are we doing right now in the private sector? Well, in 1994, a big six accounting company report came out and said that the increase in the inflation in the health care sector is now down to about 3.1 percent in the private sector. Think about that for a second. Why has it gone down to 3.1 percent? The reason that it has gone down to 3.1 percent is that America has woken up. Individuals, families, companies, employers, they have said we are not going to allow this to continue, this kind of double-digit health care inflation. We have had it. We are going to do what is necessary to squeeze all the fat out of the delivery of health care in this country. We are going to fix the problem. That is exactly what the private sector has done.

What was it that CBO had projected the increase to be at which gives the Democrats, my friends on the other side of the aisle, the ability to claim this \$270 billion cut, which does not exist, of course? Well, what was the projection by CBO? They projected we would be increasing at 10.5 percent per year over the next 7 years.

We are saying we are going to increase at 6.5 percent per year. But either way, what has made it possible? Why is it that we have gone up at 10.5

percent per year in the public sector, with government funding of health care, but we are now only going up at 3.1 percent in the private sector? The fact is that it goes up at 10.5 percent per year because it can, because we have allowed it to, because we have said that is what the amount is going to be. We have made it an entitlement, and nature abhors a vacuum. So the amount of spending will certainly fill the amount that is appropriated. It is absolutely guaranteed that will happen.

My own prediction about what will happen with respect to the Medicare reforms is that we will not need the 6.5-percent increase. We will not use that much money because these other factors will come into play and will actually use market forces to squeeze out the waste, fraud, and abuse, to squeeze out the fat, to squeeze out and bring about market competitive forces into play.

So that is what we will be dealing with next week on the floor. I think, Mr. Speaker, the American people deserve to know the facts about this and that, the more that they learn about Medicare, the more that they see exactly what choices will be available to them, the expansion of the choices, the more that they will absolutely and utterly reject the scare mongering, what the *Washington Post* called medagogy that has been taking place on the other side of the aisle. And I think it is to the discredit of the President of the United States that, while he had, up until the past 2 or 3 weeks, been, very frankly, evenhanded and accurate in his rhetoric about the problems with Medicare and the need to fix those problems, he has now dived into the same muck bucket that my friends on the other side of the aisle have been engaged in all year by making this a political issue and politicizing it rather than making it a policy issue that deserve everybody's attention and that they should join us to try to come up with solutions that will be real.

This letter that Bob Rubin, the Secretary of the Treasury, has decided to send now, which is blatantly political, that letter is clearly an example of this decision that was probably made in consultation with pollsters, handlers, and political consultants to go political on the course instead of to talk about it in a dispassionate, rational way so that this program that is so important to American senior citizens could be preserved. Instead, what you get now is a great deal of scare mongering and the attempt to create anxiety on the part of senior citizens.

I know that, Mr. Speaker, they are not going to believe it. I know that they know that we have parents who are on Medicare ourselves and that we feel the responsibility that responsible legislators everywhere in this country

feel, and that is to do what is right to preserve this program that has been a great success for the American people.

With that, Mr. Speaker, I will yield back the balance of my time.

REPUBLICANS RUSHING MEDICARE REFORM LEGISLATION

The SPEAKER pro tempore. Under the Speaker's announced policy of May 12, 1995, the gentleman from New Jersey [Mr. PALLONE] is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, I probably will not use all the hour, but I will ask for at least that initially.

I wanted to come because of the developments that have occurred in the last few weeks particularly this week with regard to Medicare and the Republican leadership proposal to change Medicare.

I happen to be a member of the House Committee on Commerce. The Committee on Commerce spent this past Monday and Tuesday doing a markup of the Medicare bill and did report the bill out on Tuesday late in the evening. I am very concerned about that bill. I understand it may be coming to the floor sometime next week, perhaps as early as next Thursday.

I think it is a terrible thing that this legislation is coming to the floor of the House of Representatives without ample opportunity for hearings and sufficient debate.

As I have mentioned before on the floor of this House, Mr. Speaker, our Committee on Commerce did not have hearings on the legislation. In fact, a substitute bill, which was actually the bill that we voted on just this past week, we only received about 24 hours before the time we were actually asked in committee to mark up the bill. So what, in effect, the Republican majority is doing is rushing Congress into these Medicare changes without most of us even knowing what the changes are and what the implications are going to be on America's seniors.

Just to illustrate that point, I wanted to start out, Mr. Speaker, by entering into the RECORD, and I think part of it may already be in the RECORD, but I wanted to mention some highlights of an editorial that was in my hometown newspaper, the Asbury Park Press, on Tuesday, October 10. And if I could just highlight some of the statements that were made in the editorial, it is captioned "Explain The Changes":

Congress should not be rushing on Medicare. The editorial starts out by saying that congressional Republicans are moving too fast on reforming Medicare, the Federal health insurance program for the elderly. They propose to squeeze \$270 billion from Medicare spending over the next 7 years, about a 14-percent reduction. And, as they did in their first 100 days, the Republicans

plan to speed up the voting on their Medicare spending bills without taking much time for floor debate.

Given their importance, the revolutionary changes the Republicans propose are worth at least as much time and attention as they have given to, say, the Whitewater affair. As it stands, two House committees plan to complete action on the Medicare changes by tomorrow night. That was earlier this week, just 2 days after revised versions of the bill were distributed to committee members. And again, that is exactly what we did.

Under one major GOP proposal to save money, senior citizens would be given incentives to switch to managed care plans instead of the traditional and more expensive fee-for-service. Yet Congress so far has given short shrift to some of the reservations expressed by seniors and others about managed care.

Polls indicate that most senior citizens as well as other Americans fear that congressional Republicans seeking not only to slow the growth of Medicare spending but also to wring enough savings for a tax cut that would benefit mostly the wealthy.

Finally, the editorial says that it is difficult to determine just how the Republicans arrived at their numbers because too few details have been released. That is not information the Republicans should shield the public from. The debate should be open, robust, and based on a complete understanding of the facts. Anything else invites misperceptions and misinterpretations.

I think what we are seeing in this editorial is that more and more the media around the country, the newspapers, are coming to the realization that these Medicare reforms by Speaker GINGRICH and the Republican majority are being moved too fast without adequate opportunity for debate, without anyone really knowing exactly what the changes are going to mean other than the fact that we know that the savings are going to be used for a tax cut, which, once again, goes mostly to wealthy Americans.

Now, one of the things that I was most upset about this week, and I know it has received a lot of attention in the media, but I want to mention it myself because I was there, and that is on the second day of our hearings earlier this week, there were senior citizens representatives. I did not know where they were from, but they turned out to be people from the National Council of Senior Citizens, who came to our Committee on Commerce room. Some of them were very elderly. Some were as old as 90, and wanted an opportunity to address the committee. They basically were told that that opportunity would not be presented and, after they tried to speak, they were arrested.

They were handcuffed and they were basically led out of the Rayburn Office Building into a paddy wagon where they were taken down by the Capitol Police, potentially to be booked, although I understand later that they were released and not charged with any kind of trespass.

Mr. Speaker, I subsequently got a couple of pictures of these senior citizens. Just to give you an idea of the situation, I would just like to point them out here. This is the woman who initially tried to speak and basically was told that she could not. You can see there where she is being taken away, essentially. Then afterward, out in the corridor, there were additional senior citizens, as I said, who were actually handcuffed and taken away.

□ 1330

I do not want to get into all the details of this, but it was very upsetting to me, because I think it would not have happened if the opportunity had presented itself for seniors and their representatives to actually have addressed the House Committee on Commerce, and the fact that they were not given that opportunity is the reason why so many of them were upset and why we had this very unfortunate incident. I only point it out again because I think it is important, and it is not just individual seniors. It is also the newspapers, including my own in my own area, the part of New Jersey that I represent, who have expressed outrage and astonishment over the fact that there has not been an opportunity for seniors and other Americans to make their case about these Medicare changes that are so important to the country.

The previous speaker, the person who spoke before me, suggested, and I know this has been a basic tenet of the Republican leadership that somehow Medicare is broke; it faces bankruptcy if we do not do something about it that that is significant, we are going to be faced with a situation where it will not exist any more. Nothing could be further from the truth with a lot of statements made by the previous speaker about the trustees' report and how the trustees have predicted insolvency in 7 years.

One of the things I want to point out in response to that is that every year the Medicare trustees issue a report, and they predict how many years it will be before the fund that finances Medicare will be insolvent, and if you look at it, there are great variations over the years. Starting in 1970, I have a chart here where if trustees predicted insolvency in 2 years, in 1971, again, in 2 years, in 1972 in 4 years, most recently in 1995, the report that the gentleman, my previous speaker mentioned, 7 years, in 1994 it was 7, in 1993 it was 6, and it goes on and on. The

point of the matter is that a tremendous amount of attention has been focused by the Republican leadership on these trustees' reports, but they fail to mention that many times over the last 30 years or so or the last 25 years, that these reports have come out that indicated a certain number of years in the future when this program would possibly be insolvent.

It has really been an issue before except that Congress periodically steps in and tries to correct the situation. The bottom line is this is nothing new. This is not an emergency situation that requires the level of cuts and the level of changes that the Republican leadership is basically suggesting.

Mention was also made of Secretary Rubin, the Secretary of the Treasury Rubin letter of September 21 to the Speaker and to Senator DOLE wherein he points out, and I will quote that:

No Member of Congress should vote for \$270 billion in Medicare cuts, believing that reductions of this size have been recommended by the Medicare trustees or that such reductions are needed now to prevent an imminent funding crisis. That would be factually incorrect.

So basically not only Secretary Rubin but other trustees I could cite have specifically said that the Republican proposal to cut this huge amount of money out of Medicare, \$270 billion, 14 percent, is not the answer to the trustees' concerns and, in fact, by cutting the program by that amount of money, all you are really doing is making the situation even worse for the Medicare Program and for those who benefit from it.

I also wanted to address the fact, and I was very concerned when the previous speaker mentioned Medicare savings accounts as somehow being the answer to all of our problems. My concern with these so-called Medicare savings accounts, which is one of the new ideas that the Republican leadership have come up with in this Medicare plan, is that what it is going to do is make the situation even more serious in terms of the amount of money that is available to the Medicare Program, in other words, aggravate the situation so that even less money is available in the program. What we know now is that 90 percent of Medicare beneficiaries basically cost the Government about \$1,000 a year; in other words, most, the overwhelming 90 percent of seniors who receive Medicare basically do not take advantage of much health care activity, if you will, over the course of the year, because they are not sick and they only cost the Government, the Medicare Program, about \$1,000 a year. So if all of these, or a significant number of these well seniors who do not need a lot of medical attention end up getting Medicare savings accounts and the Government has to contribute something like \$4,000 a year to these Medicare savings accounts, the Govern-

ment is basically going to be losing money, because it would normally cost them only about \$1,000 a year to maintain the health of those seniors, and now the Government is transferring all of these additional funds to these Medicare savings accounts.

It is nice, I mean, I am not going to be critical of the fact that some of the seniors may actually end up having some more money as a result of this, but in a situation where the Republican leadership is talking about the insolvency or suggesting that Medicare is insolvent and how we have to cut \$270 billion out of the program, why in the world are we trying to, in effect, inflate the program by costing the Government as much as \$3,000 more per person if the majority of the people who go into Medicare savings accounts are people who are fairly well? And those are the people that are likely to do it, because if you think that your health is not that great, you are not going to want to risk going into the Medicare savings account where you might have to shell out a lot of money. So we know that these Medicare savings accounts are going to cost the Government a lot of money, and I think it is fiscally irresponsible to rob the Medicare Program of billions of dollars by setting up these savings accounts when theoretically your reason for Medicare reform is to try to save the Medicare Program some Federal dollars.

I think that what we really have here, I know what we really have here, and it is documented well based on the statements that were made in the Committee on Commerce when we marked up the Republican Medicare bill this week. What we really have here is an effort to try to come up with some money by squeezing Medicare to pay for a tax cut, and I know that my Republican colleagues deny this is the case, but if you look at the way this program is set up, the way this bill has come out of committee, there is no question in my mind that that in fact is what is going on. Now, let me explain why I say that. Of the \$270 billion that is proposed for reduction in Medicare by the Republicans, nearly half of that money would not even go to shoring up the Medicare hospital trust fund, known as Medicare part A, which the Republican leaders claim faces insolvency. This part A, the hospital trust fund, is what is discussed in the trustees' report, not part B, which is the separate program that seniors pay into which goes to pay for their doctor bills, and basically part A is where if we have extra money, if we ever have the money, we should be trying to put it in order to shore up the plan.

We estimate that about \$90 billion would be needed to shore up, if you will, and to avoid that potential insolvency 7 years from now in part A. So if you took about \$270 billion, compared

to the \$90 billion that the trustees really need, you can see that the difference is essentially what would be used for the tax cut.

What they are doing with part B, instead of, in order to guarantee that there is a lot more money available there that could be used for a tax cut is increasing premiums. We have heard over and over again on the floor of this House that the part B premium will go from about \$46 a month that the seniors pay right now to over \$90 a month by the year 2002, in a sense doubling, and the problem is that this part B, the money that goes into part B, including all that additional money that is going to come from the increased or doubling of the premiums, the seniors would pay under the Republican plan, that comes out of the same fund or goes into the same fund as it used for the \$245 billion in tax cuts that has been proposed by the Republican leadership. Since any changes to part B do not impact the insolvency of part A, again they are separate funds, it is highly likely that the part B cuts could be used for tax cuts, again which I said much of which goes to the wealthiest Americans.

In an effort to try to make sure that was not the case, in other words, that whatever cuts came to this Medicare Program under the Republican bill would not be used for tax cuts, we, the Democrats on the Committee on Commerce, tried a number of amendments earlier this week, because our point was, well, if you on the other side are saying that you are not going to use this for tax cuts, well then, fine, you know, go along with some of the amendments that will make that perfectly clear that this money that is being cut from Medicare is not going to be used for tax cuts, and so we came up with a few amendments. I actually proposed the first amendment, which was basically to say that since part B is not insolvent, since part B, which is generated through these premiums as well as general revenues, is not a program that faces potential insolvency or bankruptcy, why do we need to deal with part B at all? So the amendment that I proposed basically struck part B from the Medicare bill, the idea being that we would only deal with part A, since that is where the potential problem is. Well, that amendment was, of course, defeated. I would maintain the reason it was defeated is primarily because the fact of the matter is the Republican leadership intends to use this money for tax cuts.

But then in the Committee on Commerce, the gentleman from California [Mr. WAXMAN] offered another amendment after mine that basically I called directed scorekeeping. It is sort of a technical term. But what it means is that if the money is saved in Medicare and it is put aside under the budget rules, a tax cut can be implemented, because he knows that that money for

Medicare from the cuts in Medicare has been set aside and is sitting there as part of the Federal budget. In other words, the idea is that since the money is there, you can score against it or charge against it to implement a tax cut, and so the gentleman from California [Mr. WAXMAN] had an amendment that basically said that the Director of the Congressional Budget Office shall not include estimates of net reduction in outlays under the Medicare Program for fiscal years 1996 through 2002, the 7 years, to the extent that such net reductions exceed \$89 billion. So what he was saying is that you can score \$89 billion of that \$279 billion for the savings to shore up the part A hospital trust fund, but you cannot score any more of it that could possibly be used for a tax cut, and again that amendment was defeated. I think that the defeat of the amendment offered by the gentleman from California [Mr. WAXMAN] showed definitively that what the Republican leadership has in mind is to use this money for a tax cut, because if they did not have that intention, they would not have found it necessary to use that money for scoring for budget purposes.

Now, what is it, what is this Republican Medicare? What are these Medicare changes essentially going to do? We know they are trying to save \$270 billion or cut \$270 billion. I believe very strongly that is going to be used for a tax cut.

How are they going to do it? In other words, what is actually going to happen to the Medicare Program, and how is that going to translate into the type of health care, quality of health care that seniors will actually get if that level of cuts is implemented? Basically what the Republicans are doing is they are limiting Medicare spending to specific dollar amounts in the law. It is what we call caps. In other words, they are saying that only so much money can be spent on Medicare, and that is it. It is capped. The problem though is that if you look at these caps and the level of spending that is going to be allowed with all the cuts is that they do not bear any relationship to the actual cost of health care.

All of us would like to save money. Frankly it would be wonderful if we could save billions of dollars in the Medicare Program, and we can to some extent. But if you put artificial caps on the amount of spending that is available because you want to use that other money for a tax cut, well, the problem is if they have no relation to the actual costs of health care, what you are doing is squeezing the Medicare system. You are making it so that traditional care and the quality of care that hospitals and physicians give you they can no longer give you, because the money is not there to pay for it.

What I think that the most important or the most significant aspect of

this initially is that a lot of seniors are going to lose their choice of doctors. In other words, the Republicans feel very strongly that if they put a lot of seniors, if they force a lot of seniors in effect into what we call HMO's or managed care where they do not have a choice of doctors, the Republicans believe that that will then accomplish a lot of savings, and they will save a lot of money, because they feel that the HMO's or managed care ultimately will save money.

I would argue that the jury is definitely out on whether or not HMO's or managed care actually save dollars in the long run, but clearly what the Republican leadership is doing here in coercing seniors into HMO's or managed care. I know that the previous speaker said that, you know, seniors are going to continue to have choices if they want to stay in a traditional fee-for-service plan where they have their choice of doctor; they go to the doctor that they have been seeing for years, and he just gets reimbursed. They can continue to do that; they do not have to necessarily sign up for an HMO. But there are some very cute budgetary gimmicks in this Republican Medicare proposal that are going to make it increasingly difficult for you to stay in a traditional fee-for-service plan where you have your own doctor, and the reason for that, there are many reasons, but one of the key reasons is because the cuts impact much greater on the traditional fee-for-service plan than they do on HMO's or managed care. This is in the bill that came out of the Committee on Commerce, what we call a fail-safe that says that after a few years if savings are not achieved in this sufficiently to reach that goal of \$270 billion—through the changes that we have suggested in Medicare, if we find after a couple of years that we are not saving that level of money, we are not likely to save that level of money over the seven years—then a fail-safe comes into play that cuts back on the reimbursement rate that doctors and hospitals and other health care providers get from Medicare. But the fail-safe, the cutbacks at that point, do not come on the HMO's or the managed care patients or systems but strictly on the fee-for-service side. So in essence what is happening is after a couple of years the squeeze, if you will, the amount of money that goes into the traditional fee-for-service plan where you can choose your own doctor and get reimbursed, the squeeze is solely on the people that remain in those traditional fee-for-service plans. So what it is going to mean is less and less money is going to go to doctors or hospitals that are in the traditional fee-for-service plan and you will find increasingly that you cannot find a doctor through a traditional fee-for-service plan, and you have to go to an HMO if you want to get any kind of attention.

It is very unfortunate, but it is a rather cynical way, if you will, of eventually abolishing or making it impossible for seniors to stay in the traditional fee-for-service system.

I wanted to just talk a little bit more about some of the amendments that Democrats proposed in the Committee on Commerce to try to improve on this terrible proposal that the Republican leadership has put forward on Medicare. I think a lot of us recognize that even though we thought the overall plan was terrible that if there was some way we could amend it in committee to lessen some of the worst aspects of it, at least we would have accomplished something. But every one of these amendments, every one of these attempts on our part to try to correct the bill or make it a little less onerous failed. Some of these amendments though, or corrections if you will, do point out how sinister this plan is in various ways. I just want to talk about a few of them. I do not want to talk about too many of them, because we could stay here all day, and I do not want to take up that much time.

The gentleman from Massachusetts [Mr. MARKEY] offered an amendment basically that would have decreased the part B premiums and taking the law back, the Medicare law back to what it is today. A lot of people, a lot of the Republicans have come on this floor and they have said, well look, why are you Democrats talking about doubling the part B premiums, the premiums that you pay for doctors, when in reality the part B premiums would be going up anyway over the next few years? Well, the fact of the matter is under the current law the part B premiums do go up. It is now about \$46 a month, and under current law by the year 2002, 7 years from now, the premiums would go up to about \$60 a month. But I would point out that that \$60 a month under current law, assuming current inflation, is significantly less than what Speaker GINGRICH has proposed. Speaker GINGRICH's proposal and the bill that came out of committee would double the premiums. They'd probably be at least \$90 per month as opposed to the \$60 that exists under the current law.

The reason for that is very simple. Under the current law, the percentage that seniors pay actually goes down in the next few years, because it was understood that it is very, very difficult for a lot of seniors who live on fixed incomes to pay very high premiums, and so if we do not change the law you will see the actual percentage seniors have to pay out of pocket for part B go down, and that even with inflation, although there will be some increase in your part B premiums, it will not be anywhere near as great as what Speaker GINGRICH has proposed.

That amendment, of course, by the gentleman from Massachusetts [Mr.

MARKEY] to try to strike those drastic increases in the part B premiums also failed because of Republican opposition.

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The other thing I think is particularly sad, when you talk about the part B premiums, and, again, something we tried to change in committee unsuccessfully, is that under current law Medicaid pays the total cost of the part B premium for seniors who fall below a certain income, who are low-income seniors.

Well, the Medicare bill and the Medicaid bill that we passed out of the Committee on Commerce a week earlier has eliminated the requirement for the Federal Government to pay the part B premiums, the \$40-some odd a month for those low-income seniors. And there are millions of them.

What we did in committee this week is we tried to incorporate into Medicare, into this Republican Medicare bill, a requirement that that premium for the low-income seniors would be paid under Medicare. Again, that amendment was defeated.

I think some of my colleagues on the other side have suggested that, well, that is OK, because these low-income seniors can all go into an HMO and the HMO will take care of their physicians' bills, so they do not need part B anymore.

That is a false assumption. First of all, there is absolutely nothing in this Republican Medicare legislation that guarantees anyone that they are going to have an HMO in their area that will pay for physicians' bills that is available to them at a decent cost. So I think what you are going to see is a lot of low-income seniors, or even middle-income seniors, will simply not be able to pay for their part B premiums, and the consequence of that is they simply go without part B and they do not have health insurance that pays for their doctors' bills.

The other thing we tried in committee that I was very supportive of is if you have this terrible Republican bill that basically forces a lot of seniors into HMO's or managed care where they do not have a choice of doctor, at least change the law when we pass this bill, let us put into the bill what we call a point of service provision, that says that if you are in an HMO or managed care system, and all of a sudden you need to go to a specialist or a doctor that is not part of the system, that is not on the list, so-to-speak, that at least you can opt out of the system and go to that other doctor, even if it means you have to pay a little more out-of-pocket in order to see the doctor that is not part of the HMO.

I am not saying that is a great alternative, because you have to shell out more money out of your pocket. But at least the option would exist under

point of service, as we call it, so that if you were forced into the HMO or managed care, but you wanted to go see a doctor not in the system in a particular circumstance, if you could afford a little extra copayment, you could operate to do that.

Again, that point of service provision was defeated. It was actually an amendment that was offered by a Republican member of the committee, the gentleman from Iowa [Mr. GANSKE], who is a physician, but we did not have sufficient votes on the Republican side in order to guarantee that the point of service option would be available.

One of the most sinister things in this Republican Medicare bill the way it came out of committee, again, is that there has been an effort to try to change the current law that limits the amount of money that seniors have to pay a physician out-of-pocket. In other words, under current law if you are under Medicare and if you are covered by Medicare and you see a physician, they can only charge you a certain percentage increase for a copayment. But in this bill that came out of our committee that is going to be voted on the floor of this House probably next week, those provisions were changed in certain circumstances.

If you decide to join what we call a hospital network, or doctors' network system, in other words, if you decide to join a managed care system which is put together by a hospital or by a certain group of doctors, rather than the ones that are advertised on TV, the large ones, the large HMO's, managed care systems, then they allow what is called balanced billing in those systems, where the doctors can charge you basically whatever they want for a copayment.

This is the first time under Medicare in my memory that any exemption has existed from the limitation on what the doctors can charge for a copayment. And what I would say is happening here, and the reason this is happening, is very simple: So much money is being squeezed out of the Medicare system, so much money for health care needs is being squeezed by these cuts in Medicare, that the recognition is out there on behalf of the Republican leadership that they need to provide a situation where seniors can be charged a lot more by their physicians in order to provide quality care. So they are building this exemption, knowing full well that some seniors may want to get into a better quality system through a hospital or doctor network in their area that is going to provide the quality physicians, that is going to provide the quality care, but the only way to pay for it is by charging the seniors more out-of-pocket so the physicians can charge whatever they want.

I think it is a terrible recognition of the fact that there is not going to be enough money in this Medicare system

the way the Republicans have put their bill together to provide for quality care. That is just a beginning, I think, of what you are going to see, where more and more money has to be paid out of pocket by senior citizen in order to guarantee them quality care.

I had a little chart, which I do not actually have in front of me, but to give you an idea I will read from it, that gives the percent of income spent on out-of-pocket costs by adults 65 and older in 1994. Of the total elderly population, 21 percent of their income is basically spent for out-of-pocket health care costs. If you look at senior citizens who are below poverty, that shoots up to 34 percent. Low-income seniors, 34 percent of their income was actually spent on out-of-pocket costs for health care.

So already we are in a situation where a lot of senior citizens spend a significant amount of their money out-of-pocket to make up for deductibles, copayments, and other health care necessities. And with this bill, you are going to see even more of that occurring, particularly when it comes to the balanced billing provisions.

I just wanted to mention a couple more things, because I think they are particularly egregious, and these again were things that the Democrats tried to change in the bill, in the Medicare bill in the Committee on Commerce, but, again, we were unsuccessful.

The Republican leadership, and particularly the Speaker, have made such an issue over the fact that there is a tremendous amount of fraud and abuse in the Medicare Program under current law, and that is certainly true. Estimates are that something like 10 percent or perhaps more of the money in the Medicare Program is wasted, either because of fraud or abuse or just general waste. All of us, I think, on both sides of the aisle, Republican and Democrat, would like to see certain things done to correct that. And we were hoping that any kind of Medicare reform legislation that came out of the Committee on Commerce as a result of this Medicare debate would seriously try to address the fraud and abuse problems.

The sad thing is this bill that was reported out of committee actually makes it more difficult for the Federal Government to go after those who are committing fraud and to weed out the abuse in the system.

I think it is a particularly sad commentary on the fact that here was an opportunity, particularly in a climate where we are trying to save money and we know there is a tremendous amount of money that could be saved, to make it more difficult for the Government to go after fraud and abuse.

If I could just read from some of the statements that were made by the inspector general of the Department of Health and Human Services about the

bill and why it would make it more difficult for the Government to go after those who are defrauding the system.

Over the course of 7 years, the 7 years we are talking about here, it is estimated that \$126 billion could be saved by reducing fraud and abuse. But the GOP bill actually makes the existing civil monetary penalties and antikickback laws considerably more lenient. According to the inspector general, the Medicare restructuring legislation:

Would substantially increase the government's burden of proof in cases under the Medicare-Medicaid antikickback statute. Although a fund would be created to direct moneys recovered from wrongdoers, this fund would not go to further law enforcement efforts.

What the inspector general said is that the one way that we can significantly crack down on fraud and abuse is if there are more enforcers out there. This bill actually makes it more difficult for enforcement to take place, because, on the one hand, it increases the standard of proof of the Government in going after those who are taking advantage of the Medicare system, and that whatever money is recovered does not go to hire more people to do law enforcement. So actually there ends up being less people out there who are going after the abusers.

I just think that is a particularly egregious situation, because so much has been played about the need to deal with the fraud and abuse problem.

I would like to conclude in just a couple more minutes by saying that although I talked about Medicare today, and that is what we are going to be voting on next week, the problem of what seniors are going to face with Medicare because they are going to have to pay so much more money out of pocket is aggravated because of what is happening on other fronts with regard to senior citizen concerns.

A couple weeks ago in the Committee on Commerce we reported out a Medicaid bill which, and, again, the Republican leadership is trying to cut about \$180 billion in the Medicaid program in order to pay for their tax cuts. If you combine the cuts in Medicaid, \$180 billion, with the cuts in Medicare, \$270 billion, you see a tremendous amount of money is going toward cuts that primarily impact the elderly, because 70 percent or so of the money that is spent on Medicaid, which is the program for the poor, health care for the poor, still goes to pay for senior citizens, most of whom are in nursing homes.

So what we are going to see is that senior citizens are going to have to pay more out of pocket for Medicare, they or their families are going to have to pay more out of pocket because of the cuts in Medicaid.

Then looking on the horizon, and it had a lot of attention in the media

today, is the proposed cut in the COLA for Social Security. I mention that again, first of all, because I am opposed to the cuts in the COLA that are being presented; but even more important because, think, about the senior citizen.

Let me give you an example, let's say a senior citizen of low income, who now is being told that your Medicare part B premium is going to go up, it is going to be doubled over the next 7 years; that the supplement, the Medicaid provision that pays for part of your Medicare part B is possibly going to be eliminated; and then you are not going to get the COLA that you expect to take into consideration inflation over the next few years.

Well, if you think of that combination, less of a COLA, more out of pocket for Medicare, and loss of any kind of supplement for Medicaid, you are talking about senior citizens that are getting a double, triple, or even more possibly with cutbacks in other programs like nutrition or outpatient care, a double, triple, quadruple whammy.

The thing that is amazing to me is how so many of our colleagues on the other side just refuse to recognize how the combination of all these cuts and increased out-of-pocket expenditures and less of a COLA are going to have such a devastating impact on people who have fixed incomes.

I have to say, and I am not just talking in an insider's sense here, when I go home on weekends, when I am in the district, when I am in New Jersey, seniors come up to me on the street, they come up to me in my district offices, and they explain how they have budgeted down to the last penny or the last dollar, and they simply cannot afford the types of increases that we are going to see here. These increases are not necessary.

If we eliminated or even cut back significantly on the tax cut, particularly those provisions that are going to the wealthy, then we would not have to make these kinds of cuts and cause these out-of-pocket expenditures to occur.

So, again, this is a needless effort on the part of the Republican leadership. I think it is a shame. I hope that more and more Americans will see the light on these terrible changes that are being proposed.

TRAVEL AND TOURISM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Wisconsin [Mr. ROTH] is recognized for 5 minutes.

Mr. ROTH. Mr. Speaker, I thank the Speaker for granting me this time, and I want the Speaker to know I am speaking about a subject that of much interest to him and to myself, and I think just about every Member I would think in this body. Because, Mr. Speaker, today I want to talk just a few minutes about travel and tourism.

Travel and tourism has a great story to tell in America. It is not always told. Let me say, Mr. Speaker, that from our largest cities to our smallest towns, along superhighways and the back roads of America, no other industry spreads economic development as widely as travel and tourism. It is obvious how tourism impacts the districts of New York or Los Angeles or Miami, but many of the people in Congress represent a much different segment of America, and they ask, how does tourism affect me in my district?

So let me say that whether it is a large district, a strong economic district; whether it is a small town, whether it is rural America; whether it is a State without a coastline, does tourism affect you? You bet it does. Every town with a gas station, a motel, or a diner, is impacted by tourism.

In these areas, tourism is a catalyst for community development. It spurs new businesses, encourages park and historic site restoration, and stimulates community growth. Tourism funnels millions of dollars and thousands of jobs into every State, every congressional district, in America. In fact, the travel and tourism industry puts food on the tables, pays for the bills, and provides solid careers for people in every congressional district of America.

Across this Nation, tourism supports the lives of 13 million working Americans. It is the Nation's second largest employer. That is right, travel and tourism is the country's second largest employer. This is the industry of the future. By the year 2005, in 10 years, executive and administrative positions alone, within this industry, will outnumber the total employment of all but two manufacturing industries.

Not only does travel and tourism create millions of jobs, but it generates billions of dollars in revenue. Just listen to this: In 1994, last year, travel and tourism generated \$417 billion in sales. That is right, \$417 billion in sales as well as \$58 billion in tax revenues for our country.

But there is more to the tourism story than just jobs and dollars. Tourism is also about community revitalization and helping the American family. Our communities desperately need tourist dollars to resurface roads, to build new highways, to restore parks and recreation areas, and improve our schools. In fact, without these revenues each American household would have to pay an additional \$652 a year in taxes. So wherever you are in America, what is travel and tourism doing for you? It is shaving your tax bill by \$652. Tourism dollars prevent higher taxes in America. Tourism means jobs. Tourism is leading this country into the 21st century for economic development and jobs.

Increasing export trade means that in 1993, the travel and tourist industry

trade surplus reached an all-time high of over \$22 billion.

This year, we are going to have the largest trade deficit. It is going to be close to \$200 billion. Last year it was \$166 billion. But do you know what is keeping at least part of this trade deficit in line? Is what we are doing with tourism. Because when the tourist comes to America and buys a dollar's worth of goods or services, it is the same as if we sold that goods or service overseas.

On October 30 and 31 we are going to have some 1,700 industry professionals here in Washington for the White House Conference on Travel and Tourism. It is the first time we have really had a conference like this. And when you see what is happening in travel and tourism around America, the developments of travel and tourism globally in the 21st century, this is truly preparing our children and our country for a huge economic development.

So I am asking Members of the House to join in our Travel and Tourism Caucus. We now have 286 Members. The Travel and Tourism Caucus is the largest caucus in Congress. I am asking Members to join up before October 30 and 31, so that when we have the people from this huge industry come to Washington, we can tell them what they can do with us for the future of America.

I am also asking Members of this body to look at H.R. 1083, the Travel and Tourism Relief Act, what it can do economically for our country, for every district, for the jobs in America. I am asking Members to do those three things: First, become active in the travel and tourist conference; second, to look at this legislation; and, third, to fight to preserve and to build better jobs.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. SKAGGS) to revise and extend their remarks and include extraneous material:)

Mr. SKAGGS, for 5 minutes, today.

Mr. WISE, for 5 minutes, today.

Mrs. SCHROEDER, for 5 minutes, today.

Mr. BONIOR, for 5 minutes, today.

(The following Members (at the request of Mr. WELDON of Florida) to re-

vise and extend their remarks and include extraneous material:)

Mr. WELDON of Florida, for 5 minutes, today.

Mr. KIM, for 5 minutes, today.

EXTENSION OF REMARKS

By unanimous consent, permission to revise and extend remarks was granted to:

(The following Members (at the request of Mr. SKAGGS) and to include extraneous matter:)

Mr. BONIOR.

Mr. TOWNS.

Ms. DELAURO.

ADJOURNMENT

Mr. ROTH. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 2 o'clock and 10 minutes p.m.), under its previous order, the House adjourned until Tuesday, October 17, 1995, at 12:30 p.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

1529. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting notification that the President intends to exercise his authority under section 610(a) of the Foreign Assistance Act in order to authorize the furnishing of \$2.8 million to El Salvador, pursuant to 22 U.S.C. 2411; to the Committee on International Relations.

1530. A message from the President of the United States, transmitting notification for DOD to make purchases and purchase commitments, and to enter into cost sharing arrangements for equipment to develop manufacturing processes under the Defense Production Act of 1950, as amended, pursuant to 50 U.S.C. App. 2093(a)(6)(A) (H. Doc. No. 104-124); jointly, to the Committees on Appropriations and Banking and Financial Services, and ordered to be printed.

PUBLIC BILLS AND RESOLUTIONS

Under clause 5 of rule X and clause 4 of rule XXII, public bills and resolutions were introduced and severally referred as follows:

By Mr. QUINN:

H.R. 2480. A bill to establish an Office of Inspector General for the Medicare and Medicaid Programs; to the Committee on Gov-

ernment Reform and Oversight, and in addition to the Committees on Ways and Means, and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mrs. SEASTRAND (for herself, Mr. GILCHREST, Mr. COX, Ms. DUNN of Washington, Mr. DAVIS, Mr. SAXTON, Mr. CUNNINGHAM, Mr. OXLEY, Mr. DORNAN, Mr. HOKE, Mr. TIAHRT, Mr. BARTON of Texas, Mr. WALKER, Mr. BAKER of California, Mr. LEWIS of California, Mr. ROHRBACHER, Mrs. KELLY, Mr. KIM, Mr. HALL of Texas, Mr. LIVINGSTON, Mr. TAYLOR of North Carolina, Mr. MCKEON, Mr. BILBRAY, Mr. KING, Mr. HERGER, Mr. CALVERT, Mr. BARRETT of Nebraska, Mr. YOUNG of Alaska, Mr. LAUGHLIN, Mr. KNOLLENBERG, Mr. MOORHEAD, Mr. HASTERT, Mr. COOLEY, Mr. RADANOVICH, Mrs. CHENOWETH, Mrs. CUBIN, Mr. DOOLITTLE, Mr. HUNTER, Mr. HORN, and Mr. RIGGS:

H.R. 2481. A bill to designate the Federal Triangle project under construction at 14th Street and Pennsylvania Avenue, NW, in the District of Columbia, as the "Ronald Reagan Building and International Trade Center"; to the Committee on Transportation and Infrastructure.

By Mr. PALLONE:

H.R. 2482. A bill to require States to consider adopting mandatory, comprehensive, statewide one-call notification systems to protect underground facilities from being damaged by any excavations, and for other purposes; to the Committee on Commerce.

By Mr. HOKE:

H. Con. Res. 107. Concurrent resolution urging a home field advantage in the major league baseball league championship series; to the Committee on Commerce.

ADDITIONAL SPONSORS

Under clause 4 of the rule XXII, sponsors were added to public bills and resolutions as follows:

H.R. 540: Mr. HOUGHTON.

H.R. 864: Mr. BARR.

H.R. 1575: Mr. COX, Mr. DAVIS, Mr. DUNCAN, Mrs. KELLY, Mr. LINDER, Mr. WELLER, and Mr. BARR.

H.R. 1686: Mr. COX and Mr. CHRISTENSEN.

H.R. 1715: Mr. HEINEMAN.

H.R. 1733: Ms. FURSE, Mr. SERRANO, and Mr. TATE.

H.R. 1893: Mr. SCHUMER and Mrs. KENNELLY.

H.R. 2003: Ms. WOOLSEY and Mr. HINCHEY.

H.R. 2446: Mr. HORN and Mr. POSHARD.

H.R. 2463: Ms. MCKINNEY.

H. Res. 30: Mr. BRYANT of Tennessee and Mr. FRANK of Massachusetts.

H. Res. 220: Mr. FOGLIETTA, Mrs. MALONEY, Ms. SLAUGHTER, and Mr. OWENS.